



City Of Orem
Department Of Public Safety

Permit #

Issued by Orem City after submission

Business Name or Resident: Last Name First Name M.I. Date of Birth

Address of Alarm Location: (Include coordinates) Unit # Zip Code

Mailing Address (If different from alarm location)

Residential Phone # Business Phone #

If a business – name of owner (Individual responsible for payment of alarm fees)

Alarm installer / Service Representative (Company) Address Phone #

Monitoring Company Address Phone #

Responsible Alarm Contacts (Three required)

Full Name Address DOB Phone #'s (2)

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Full Name Address DOB Phone #'s (2)

List above the responsible persons who (1) Can respond to the alarm after notification, (2) Are knowledgeable in the basic operation of the alarm system, and (3) Are authorized and able to gain entry and secure the premises if required.

I have read the completed application and represent the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all the provisions of the City ordinance and applicable State laws. I accept responsibility for all fees or fines that may result from the operation of the alarm system serving the above premises.

Date _____ Signature of permit holder _____

If you have any questions concerning the application, please contact the Orem Department of Public Safety at (801) 229-7070. You may mail the completed application to: Orem Department of Public Safety, Attn: C.S.S., 95 E. Center Street, Orem, Utah 84057, or fax it to (801) 229-7242