



# Alarm User Permit Application

Complete the entire application. **Incomplete applications will be returned.**  
 Sign and date the application and return with appropriate fees.

**This is for a:**    Single-Family Residence    Business    Multi-Family

**For Office Use Only**

Permit Type:    HPD    HFD  
 Date Sent: \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Cash/Check #: \_\_\_\_\_  
 DB Entered: \_\_\_\_\_

## 1. Alarmed Location

Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City HOPKINS ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email Address(es): \_\_\_\_\_  
 Business Name (if applicable) \_\_\_\_\_

### Mailing/Billing Address (only if different from above)

Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### Property Owner

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

### Additional Alarm Users (or keyholders)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

## 2. Type of Alarm Function

|                                      |           |                      |         |
|--------------------------------------|-----------|----------------------|---------|
| <b>Fire Alarm System - \$35.00</b>   | Waterflow | Heat/Smoke Detection | Manual  |
| <b>Police Alarm System - \$35.00</b> | Burglary  | Panic/Medical        | Hold-Up |

## 3. Alarm Companies

Alarm Service Company Name \_\_\_\_\_ 24-Hour Phone \_\_\_\_\_  
 Alarm Monitoring Company Name \_\_\_\_\_ 24-Hour Phone \_\_\_\_\_

## 4. Additional Information

Provide any special information about the home/building (trap doors, animals or pets inside, things that may explode, chemicals on site, firearms on site, etc), lock box or key box and location.



**Authorization**

I hereby authorize the Hopkins Fire Department to notify the fire alarm/sprinkler service company if a service call is necessary and my keyholder is unavailable. (Optional) **X** Signature \_\_\_\_\_

*All alarm systems are subject to false alarm charges, fees and penalties according to City Ordinance. I have reviewed the Hopkins Alarm Ordinance and understand its contents and my responsibilities.*

**GOVERNMENT DATA PRACTICES - TENNESSEN WARNING:** *The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted as such will be available to the general public upon written request. (MN Law M.S.13.41)*

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

