



FIRST RESPONDER PERMIT APPLICATION

Permit is valid for one year (October 1st through September 30th).

Permit fee is \$26.00 per year

Residence/Business Name _____
 Address of alarmed property _____
 Billing Name if Different _____ Phone # _____
 Billing Address _____ Other Phone # _____
 Billing City _____ State _____ Zip _____

ALARM COMPANY INFORMATION OKLAHOMA LICENSE NO. _____
 ALARM COMPANY NAME _____ PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

I HAVE INSTRUCTED THE OWNER IN THE PROPER USE OF THE ALARM SYSTEM.

_____ (signature of technician)

ALARM MONITORING COMPANY OKLAHOMA LICENSE NO. _____
 ALARM COMPANY NAME _____ PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

CONTACT INFORMATION

#1) NAME _____
 PHONE _____ OTHER PHONE # _____

#2) NAME _____
 PHONE _____ OTHER PHONE # _____

I HAVE BEEN INSTRUCTED IN THE PROPER USE AND MAINTENANCE OF MY ALARM SYSTEM.

I HAVE NOT BEEN DENIED NOR HAD AN ALARM PERMIT REVOKED WITHIN THE LAST 12 MONTHS.

ANY FALSE STATEMENT MADE BY AN APPLICANT FOR THE PURPOSE OF OBTAINING AN ALARM PERMIT SHALL BE SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A PERMIT OR FOR THE IMMEDIATE REVOCATION OF AN ALREADY ISSUED PERMIT. PERMITS ARE NOT TRANSFERABLE.

RETURN TO: City of Broken Arrow
 Development Services
 PO Box 610
 Broken Arrow, OK 74013

 AUTHORIZED SIGNATURE OF APPLICANT