



**City of Owasso False Alarm Reduction Program**

**Department #1025**

**PO Box 3500**

**Claremore, OK 74018**

**Telephone: (877) 314-1891**

**Fax: (877) 302-9820**

New Permit - Commercial \$100

New Permit - Residential \$30

Renewal - Commercial \$100

Renewal - Residential \$30

Update

Government Alarm

**Account #** \_\_\_\_\_



**INSTRUCTIONS:** Print legibly or type. A separate application must be completed for each address to be permitted. Please attach the non-refundable payment (check or money order) and return to the address shown at the top of this form. **You may also update your registration information and submit your payment online at: [www.crywolfservices.com/owassook](http://www.crywolfservices.com/owassook).**

**1 Alarmed Location**

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Occupant Name or Business Name \_\_\_\_\_

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Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**2 Responsible Party** (must be a person)

Name \_\_\_\_\_ Phn1 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

\_\_\_\_\_ Phn2 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

Address \_\_\_\_\_ Phn3 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

\_\_\_\_\_ Phn4 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3 Contact Names**

Contact 1 Name \_\_\_\_\_ Phn1 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

\_\_\_\_\_ Phn2 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

Contact 2 Name \_\_\_\_\_ Phn1 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

\_\_\_\_\_ Phn2 \_\_\_\_\_ H/W/C/O \_\_\_\_\_

**4 Additional Information**  **Check here if you would like correspondence and bills sent via email.**

Date Installed/Activated \_\_\_\_\_

Special Conditions/ Hazards \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5 Alarm Companies**  Not Monitored System Type: Burglary / Robbery / Emergency / Fire / Other

**Monitored By**

Name \_\_\_\_\_ Phn1 \_\_\_\_\_

\_\_\_\_\_ Phn2 \_\_\_\_\_

Address \_\_\_\_\_

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

**Signature (permit holder)** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_