



**Alarm Registration/License Application**

**Please mail completed forms to:**

**City Of Shawnee Planning Department  
222 N. Broadway Shawnee, OK 74801  
(405)878-1616  
Or fax to (405) 878-1587**

**(CIRCLE ONE)**

**Business or Resident**

**Name of Business or Resident:** \_\_\_\_\_

Mailing Address for renewal notice: \_\_\_\_\_

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

**Address of Alarm: (If different than above)** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ Alternate # \_\_\_\_\_

**Alarm Monitoring Company:** \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ Alternate # \_\_\_\_\_

**Type of Alarm:** Fire \_\_\_\_\_ Burglar \_\_\_\_\_ Both \_\_\_\_\_

**Initial Permit:** \$25.00 \_\_\_\_\_ **Renewal:** \$15.00 \_\_\_\_\_ **Reinstatement:** \$50.00 \_\_\_\_\_

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Provide additional contact information on page 2)**

**Permit #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit Card, Cash, Check#** \_\_\_\_\_ **Issued By** \_\_\_\_\_

**Responsible Parties to contact upon Alarm Activation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email: \_\_\_\_\_