



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): _____

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

Fire Alarm System - \$20.00 Waterflow Heat/Smoke Detection Manual

Police Alarm System - \$20.00 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 _____

