

**TOWN OF CEDAR LAKE**

PO Box 707 – Cedar Lake, IN 46303

Tel (219) 374-7000 – Fax (219) 374-8588



**ALARM SYSTEM PERMIT**

Date: \_\_\_\_\_

Name of Business/Resident: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address of Alarm Location: \_\_\_\_\_

Type of Alarm System (Check All That Apply):    ☐ Local    ☐ Hold-Up    ☐ Intrusion    ☐ Fire

Alarm System Supplier: \_\_\_\_\_

24 Hour Phone: \_\_\_\_\_

Please include the name, phone number, and address of three people to contact in case of alarm (24 hour contact).

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**This Permit is renewable every 2 years on or before the date of receipt**

Receipt # \_\_\_\_\_

Date \_\_\_\_\_