

City of Quitman
Alarm System Permit Application

Please remit \$25.00 permit fee with this application.

Applicant Name

Applicant Phone

Applicant Address

Alternate Phone

Address of Alarm Site

Phone at Alarm Site

Contact Person

Contact Person Phone

Alarm Use (select only one)
Commercial Residential Non-Profit

Alternate Contact Phone

Alarm Purpose (circle all that apply)
Fire Intrusion Panic

Installation Date

Monitoring Agency Name / Contact

Monitoring Agency Phone

I hereby certify that the above information is true and correct and submit this application for permit to operate an alarm system in accordance with all the provisions of Ordinance 091808 (01).

Applicant Signature

Date

For Office Use	
Payment Received	Date Received

Permit Approved

Permit Start Date

*Permits are good for one year from permit start date.