

# SECURITY ALARM PERMIT *Application*

University Place  
WASHINGTON 

City Hall  
3609 Market Place W, Suite 200  
University Place, WA 98466  
PH:(253) 798-3206 FAX: (253) 798-4867

**PERMIT NUMBER:** \_\_\_\_\_  
**(OFFICE USE ONLY)**

**RETURN APPLICATION ALONG WITH YOUR PAYMENT OF \$40.00 TO THE ADDRESS LISTED ABOVE. MAKE CHECKS PAYABLE TO CITY OF UNIVERSITY PLACE.**

(Please check one)     **Residential**                       **Commercial/Business**

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

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

Mailing Address:(if different from above) \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

**Name of Alarm Monitoring Company:** \_\_\_\_\_

## **EMERGENCY NOTIFICATION (This section is not mandatory)**

List up to three individuals who can respond to the alarm activation in your absence.

Name: \_\_\_\_\_ Home/Cell \_\_\_\_\_

Name: \_\_\_\_\_ Home/Cell \_\_\_\_\_

Name: \_\_\_\_\_ Home/Cell \_\_\_\_\_

All returned or insufficient fund checks will result in cancellation of the permit and a returned check charge of \$20.00.