

New Installation

Existing System

# City of Lansing Police

## Alarm Permit

124 W. Michigan Ave. First Floor • Lansing, MI 48933 (517) 483-4469

<b>RESIDENTS OR BUSINESS INFORMATION</b>	_____		_____
	Business Name or Residents Last Name		24 hour phone
	_____	_____	_____
	Business Phone	Home Phone (if Residence)	Phone (Cell)
<b>KEYHOLDER CONTACTS</b>	1 _____		_____
	Name		24 Hour Phone
			Home Phone
	2 _____		_____
Name		24 Hour Phone	
		Home Phone	
<b>BUSINESS MONITORING ALARM</b>	_____		_____
	Alarm Company		
	_____		_____
	Address		Phone
	Type of Alarm: (check all that apply)		
Burglar <input type="checkbox"/> Holdup <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/>			
<i>The Lansing Police Department does not respond to Panic or Duress Alarms</i>			
State License # _____			
<b>ALARM INSTALLER</b> (if different than above)	_____		_____
	Company Name		Address
			City, State, Zip
_____		_____	_____
State License		Phone	

I furthermore state that I have read and understand all the provisions of the Lansing Alarm Ordinance and that I will abide by the regulations as contained therein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Permission is hereby granted for the operation of the above described alarm system.

\_\_\_\_\_  
Chief of Police/Fire or Designee

\_\_\_\_\_  
Date