



Date of Expiration \_\_\_\_\_ Please mail Application to:  
 Alarm Permit Number \_\_\_\_\_ Chikaming Township  
 Date Issued \_\_\_\_\_ Attn: Alarm Officer  
 Amount Paid \_\_\_\_\_ P.O. Box 258  
 New \_\_\_\_ Renewal \_\_\_\_ Change \_\_\_\_ Harbert, Michigan 49115

**CHIKAMING TOWNSHIP ALARM PERMIT APPLICATION**

**1. Address of Alarmed Location** \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number at Alarmed Location \_\_\_\_\_

**2. Business or Residence Owner** \_\_\_\_\_

Mailing Address \_\_\_\_\_ Attn \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Cell \_\_\_\_\_

**3. Name of Alarm Monitoring Company** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Monitoring Company Phone Number \_\_\_\_\_

**4. You must list at least two persons who will respond, who reside locally and are able to and have agreed to receive notification of an alarm. These persons must also have a key to the premises and be able to reset a malfunctioning alarm and secure the premises.**

Name	Day Phone	Night Phone	Cellphone
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A. \_\_\_\_\_

B. \_\_\_\_\_

**5. Type of Alarm:**  Robbery  Intrusion  Panic  Burglary  Fire

**6. Model/Type** \_\_\_\_\_

**7. Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Upon approval, a sticker with your permit number will be issued to you **and** must be posted on a window or door clearly visible at the front entrance to your home or business.

**Keep the bottom copy for your records.**

**You must enclose a \$50 permit registration fee or \$25 renewal fee with the application.**

Make Checks Payable to: Chikaming Township

OFFICE USE ONLY

ISSUED BY: \_\_\_\_\_