



PRIVATE ALARM SYSTEM PERMIT APPLICATION

Application Fee \$60.00 for Five Year Permit

VILLAGE OF SHOREWOOD
3930 N MURRAY AVE
SHOREWOOD, WI 53211
PHONE – 414-847-2700 FAX – 414-847-2606

[Please print all information]

NAME _____

ADDRESS _____

PHONE _____ DAY _____ NIGHT _____

Type of System _____ Burglar _____ Burglar&Fire _____ Other _____
Type of Property _____ Business _____ Residential _____

(If Business, provide the following information for the principal keyholder):

NAME _____ BIRTH DATE _____

ADDRESS _____

PHONE _____ DAY _____ NIGHT _____

REQUIRED INFORMATION

Central Watch Station(alarm company) _____

Additional Keyholders(those who can gain access to your property in the event you are not home or cannot be contacted):

Name _____

Address _____

Phone _____ Day _____ Night _____

Name _____

Address _____

Phone _____ Day _____ Night _____

I hereby certify the statements made on this application are true and correct to the best of my knowledge.

Signature _____

Birthdate _____

OFFICE USE ONLY

Permit Number _____

Date Issued _____

Expires _____

New _____

Renewal _____

Replaces# _____

PERMIT APPROVAL

Police Department _____

Clerk/Treasurer _____