



# PRIVATE ALARM SYSTEM PERMIT APPLICATION

Application Fee \$60.00 for Five Year Permit

VILLAGE OF SHOREWOOD  
3930 N MURRAY AVE  
SHOREWOOD, WI 53211  
PHONE – 414-847-2601 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