



Alarm Registration/License Application

Please mail completed forms to:

**City Of Shawnee Planning Department
222 N. Broadway Shawnee, OK 74801
(405)878-1616
Or fax to (405) 878-1587**

(CIRCLE ONE)

Business or Resident

Name of Business or Resident: _____

Mailing Address for renewal notice: _____

City _____ State _____ Zip _____

Address of Alarm: (If different than above) _____

Home Phone # _____ Cell Phone #1 _____ Alternate # _____

Alarm Monitoring Company: _____

Company Address: _____

City _____ State _____ Zip _____

Phone # _____ Cell Phone #1 _____ Alternate # _____

Type of Alarm: Fire _____ Burglar _____ Both _____

Initial Permit: \$25.00 _____ **Renewal:** \$15.00 _____ **Reinstatement:** \$50.00 _____

Applicant signature _____ **Date** _____

(Provide additional contact information on page 2)

Permit # _____ **Date:** _____

Credit Card, Cash, Check# _____ **Issued By** _____

Responsible Parties to contact upon Alarm Activation:

Name: _____

Address: _____

Phone Number _____ Cell Number _____

Email: _____

Name: _____

Address: _____

Phone Number _____ Cell Number _____

Email: _____

Name: _____

Address: _____

Phone Number _____ Cell Number _____

Email: _____