

**ALARM PERMIT APPLICATION
CITY OF CENTERVILLE
300 EAST CHURCH STREET
CENTERVILLE, GA 31028
(478) 953-4734 FAX: (478) 953-4797**

RESPONSIBLE PARTY

Please list 3 persons to contact in case the first party can't be reached.

1. NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

2. NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

3. NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

INSTALLER

INSTALLED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____ CONTACT PERSON: _____

MONITOR

MONITORED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAINTENANCE AND SERVICE

MAINTAINED/SERVICED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____ CONTACT PERSON: _____

CITY CLERKS OFFICE

AMOUNT OF PERMIT: _____

AMOUNT PRO-RATED: _____

DATE ISSUED: _____

PRO-RATE LICENSE EXPIRES: _____

PERMIT #: _____

COMMENTS: _____
