

Upper portion to be completed by City of Dothan:

Date Received: _____ Permit Number: _____
Fee Received: _____ By: _____

**CITY OF DOTHAN
ALARM APPLICATION INFORMATION**

Please PRINT:

Category of Alarm(Circle One):

- Law Enforcement: Intrusion/Burglar Robbery/Distress/Panic
- Fire: Sprinkler Smoke Detector Water Flow Flood Carbon Monoxide
- Emergency Medical: Medical-Alert
- Vehicle: Color _____ Year _____ Make _____ Model _____ Lic# _____ State _____
- Other: Specify _____

Alarm Vendor:

Name: _____ 24 Hour Contact Number: _____

Reporting Method:

- Varitech _____ (Alarm Number: _____)
- Central Station _____
- Other(specify) _____

Alarm Location Information:

Name: _____

Address: _____

Telephone # _____

Manager _____

Billing Information (If different from above):

Name: _____

Address: _____

Attn: _____

Contact Information:

(List no less than least 2 local personnel that have access and can respond immediately. Any contact changes should be made in writing to the Dothan Police Dept. utilizing this form.)

	<u>Name:</u>	<u>Contact #:</u>	<u>Contact #:</u>	<u>Contact #:</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Application completed by _____ Date _____

**CITY OF DOTHAN
ALARM APPLICATION INSTRUCTIONS**

- Govt/Non-Profit/Update: This only applies to government agencies and non-profit organizations, such as churches. This does not apply to your residence. Make an indication if you are updating current information.
- Category of Alarm: Please check all that apply to your system.
- Alarm Vendor: The name of your alarm company and their 24hr contact number.
- Reporting Method: This can be obtained from your alarm company, or left blank if they are unable to provide it.
- Alarm Location: The physical location of where the alarm is installed. For businesses please be sure to put the business name and include suite numbers if applicable.
- Manager: Only to be filled out if the premises are tended to by a manager (i.e. apartment complexes or businesses).
- Billing information: The location where you wish to receive correspondence in reference to the alarm for the above location. Leave blank if it is the same as the alarm location.
- Contact Information: It is very important to have a minimum of 2 alternate contacts in case of an emergency and you are unreachable.

After you have filled out the form you will need to print it off and sign it. There is a one time \$25.00 application fee for your alarm permit. Please make all checks payable to the City of Dothan. If at any point you have a change of information such as business name or change of location, you must fill out another application, however you will not be subject to an additional fee. Alarm permits are not transferable from person to person.

If you have any questions regarding your application, please feel free to contact Chaundell Willard at (334) 615-3625.

**MAIL TO: Dothan Police Department
Attn: Records Division
210 N. St. Andrews St.
Dothan, Al 36303**