

MENOMONEE FALLS POLICE DEPARTMENT
Alarm Permit Application

All Information Will Be Kept Confidential

Check One:

Business

Residence

Check One:

New

Renewal

Check One or Both:

Fire Alarm

Police Alarm

Please print or type all information.

Name of Business or Homeowner: _____

Address: _____ Phone: _____

Mailing Address (if different from above): _____

Name and e-mail of point of contact: _____

Type of Business (if applicable): _____

Manager Name: _____ Hours of Operation: _____

Keyholder Information

Please list at least three (3) persons who can respond with keys *within 30 minutes* to inspect the building interior with police/fire personnel.

(Homeowner cell phone or business phone will be considered in lieu of a keyholder.)

Name

Home Phone

Cell Phone/Pager

1. _____

2. _____

3. _____

4. _____

Alarm Company Information

Name of Alarm Company: _____

Alarm Company Phone Number: _____

- continued on reverse -

Check all that apply:

Alarm Signal: Audible, resets in _____ minutes Silent
(Village ordinance requires a reset within 15 minutes)
 Visual (explain): _____

Event Detected: Intrusion Hold-Up Fire/Smoke
 Temperature Change Other (specify): _____

Type of Alarm: Perimeter Entry Interior Motion Container (safe)
 Interior Room Entry Other (specify): _____

- Is there a security guard on the premises after hours? _____

If yes, explain: _____

- Are there any pets/animals on premise? _____ Type/Breed _____

- Are there any hazardous or explosive materials kept on the premises? _____

If yes, explain: _____

- Do you have an outside cleaning/janitorial contractor? _____

If yes, name of cleaning company or personnel: _____

- **Please list any other information which may be helpful to police or fire personnel:**

Approved: _____ Date: _____
Police Chief or Designee
Menomonee Falls Police Department

Approved: _____ Date: _____
Fire Chief or Designee
Menomonee Falls Fire Department