

**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.)**

	<u>Name</u>	<u>Home Phone</u>	<u>Cell Phone/Pager</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**Alarm Company Information**

Name of Alarm Company: \_\_\_\_\_

Alarm Company Phone Number: \_\_\_\_\_

- continued on reverse -

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

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**Event Detected:**                  ☐ Intrusion                      ☐ Hold-Up                      ☐ Fire/Smoke  
    ☐ Temperature Change                  ☐ Other (specify):\_\_\_\_\_

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**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:\_\_\_\_\_

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|--|

Date:\_\_\_\_\_

Date: \_\_\_\_\_