

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._____	(<input type="checkbox"/>) _____	(<input type="checkbox"/>) _____
2._____	(<input type="checkbox"/>) _____	(<input type="checkbox"/>) _____
3._____	(<input type="checkbox"/>) _____	(<input type="checkbox"/>) _____
4._____	(<input type="checkbox"/>) _____	(<input type="checkbox"/>) _____

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*