



CITY OF MURFREESBORO ALARM SYSTEM PERMIT APPLICATION

- New Renew
 FOR CHANGES ONLY:
 Address Phone
 Contact Monitoring Service

NOTICE: Permit MUST be approved and fee paid before activating alarm system. Use of alarm system is subject to terms of City of Murfreesboro Alarm Systems Ordinance. Alarm monitoring company must provide alarm user with information about requirements of ordinance. Please report any change in information on the application within the required 10 days.

ALARM USER (Actual Site of Alarm)		BILLING ADDRESS (If Applicable)	
NAME		NAME	
STR # STREET NAME SUITE MURFREESBORO	APT/ TN	STR # STREET NAME	APT/SUITE
CITY, STATE ZIP () -		CITY, STATE ZIP	
PHONE1	PHONE2	PHONE1	PHONE2

AUTHORIZED INDIVIDUALS TO CONTACT (List Phone Numbers in Priority Order-Maximum 4)

NAME	PHONE NUMBER(S)
NAME	PHONE NUMBER(S)
NAME	PHONE NUMBER(S)
NAME	PHONE NUMBER(S)

ALARM MONITORING COMPANY	TYPE OF ALARM (Check One Only)	LOCATION TYPE
NAME (LAST, FIRST OR BUSINESS NAME) --	<input type="checkbox"/> CLASS I: Alarm Monitored by Alarm Company or Automatic Dialer to anyone other than the Police <input type="checkbox"/> CLASS II: NOT Monitored-Audible and/ or Visual Alarm at Premises Only.	Commercial: <input type="checkbox"/> Financial <input type="checkbox"/> School <input type="checkbox"/> Store <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Other <input type="checkbox"/> Church <input type="checkbox"/> actory
ADDRESS -		Residential: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other <input type="checkbox"/> Duplex/Triplex/Quad
CITY, STATE ZIP		
PHONE1 NUMBERS		

NOTICE: Each incidence of non-compliance with the Alarm Systems Ordinance shall constitute a separate violation. Violations of the ordinance may result in a service charge, revocation of the alarm permit (reinstatement requires \$50 fee), or a citation to City Court, a fine and court costs. A citation to City Court will be issued in the event of twenty (20) or more False Alarms in a twelve (12) month period.

I agree to accept service by certified mail of any City citation pursuant to the Alarm Systems Ordinance, Murfreesboro Code Section 7 1/2 and I waive any right to service in person by a police officer.

I do not agree to accept service ny certified mail of any citation arising hereunder. I wish to be Personally served by a police officer.

Signature of Alarm User _____ Date _____

Signature of Alarm User _____ Date _____

Please Remit All Parts of the Application & Fees to:
Make Checks Payable To: City of Murfreesboro

ALARM ENFORCEMENT SECTION-MURFREESBORO POLICE ANNEX
~~324 SOUTH CHURCH STREET MURFREESBORO, TN 37130~~

1004 NORTH HIGHLAND AVE 37130

OFFICE USE ONLY/DO NOT WRITE BELOW THIS LINE

CLASSIFICATION:

- CLASS I-\$30.00 (EVERY 3 YEARS) CLASS II- \$25.00 (EVERY 3 YEARS) Cash _____ Check# _____

PERMIT NUMBER: _____ EXPIRATION DATE: _____

APPROVED _____ DATE PERMIT _____

Alarms Enforcement Section