

City of St. George
Security Alarm System Permit Application
 265 N 200 E, St. George, Utah 84770, 435-627-4301
 435-627-4375 Fax, records@sgcity.org

Address of Alarm: _____ St. George, UT Zip _____

Type of Alarm: Burglary Holdup Duress Other, Explain _____

Billing: Address: _____ City _____ State ____ Zip _____

Commercial	Residential
Business Name: _____	Homeowner's Last Name: _____
Permit Holder: _____	First Name _____
Tax ID # _____	Phone _____ DOB ___/___/___
Business Phone: _____	Email _____
Email: _____	

Installation date of Alarm System: _____ Month _____ Day _____ Year

Installer Of alarm system: _____ Phone _____

Alarm Monitoring Company: _____ Phone _____

Address: _____ City _____ State ____ Zip _____

Please list responsible persons who can respond within twenty (20) minutes after notification and are knowledgeable in the basic operation of the alarm system, and are authorized and able to gain entry and secure the premises if required.

_____ First Name _____ Last Name _____ Phone _____

_____ First Name _____ Last Name _____ Phone _____

_____ First Name _____ Last Name _____ Phone _____

Instructions on the proper use of alarm system were received.

Information on how to avoid false alarms was received.

I understand that if any information on this form changes, I am responsible to contact the alarm company and the St. George Police Department with updated information within five (5) business days.

_____ Signature _____ Date _____

This application must be accompanied with the permit fee {currently \$ 25.00}

Change of address, name or new alarm company requires a new permit and fee within five (5) business days of change.

Please make checks payable to the City of St George. We also take a number of different credit cards for your convenience. Please call.

The purpose of the Alarm Permit is to assist the Police Department in responding to your property in the event of an alarm.

Please be aware that the Police Department t may not respond to your alarm. All dispatch decisions are made subject to competing priorities and available Police recourses.

For Office Use Only

Date permit issued: _____ **Issued by:** _____

Permit Number: _____ **Receipt #** _____

*For the City ordinance on Alarms, please go to www.sgcity.org, click on government, legal services and city codes, city codes and ordinances, view Title 3 – Chapter 5: Alarm System.