

PERMIT NUMBER  
\_\_\_\_\_

**CITY OF NORTH VERNON**  
143 E. WALNUT STREET  
NORTH VERNON, IN 47265

SECURITY/FIRE ALARM  
USER'S APPLICATION

DATE: \_\_\_\_\_

**OWNER NAME/ADDRESS OF ALARMED PREMISES**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**BILLING ADDRESS (If different from above):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF ALARMED PREMISES:**

- COMMERCIAL Hours of operation \_\_\_\_\_
- RESIDENTIAL

**DESIGNATED RESPONDERS: "KEY HOLDERS"**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**ALARM COMPANY INFORMATION:**

Manufacturer: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SUBMITTED BY:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

One time application fee of \$10.00 will be paid to the "City of North Vernon." Application fee and completed application must be submitted to the Clerk/Treasurer's Office.