Application for Alarm Permit

Submit all alarm permit applications to: Douglas Police Department
210 W. Jackson St.
(912) 384-2222

Name of Business/Residence: _____

Location of Business/Residence: _____

Owner(s) Name: _____

Owner(s) Address: _____

Business Phone: _____ Owner Phone: _____

Alarm Company Information

Alarm Company Name: _____

Business Phone: _____ Emergency Phone: _____

Security Information

Primary Keyholder Name: _____
Day Phone: _____
Night Phone: _____

Other Keyholder Listings (to be called in order from first to last)

(1) Name: _____
Day Phone: _____
Night Phone: _____

(2) Name: _____
Day Phone: _____
Night Phone: _____

(3) Name: _____
Day Phone: _____
Night Phone: _____

For Department Use Only

Permit Number: _____ Issue Date: _____

Permit Issued By: _____ Expiration Date: 12/31/_____