

Upper portion to be completed by City of Dothan:  
 Date Received: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
 Fee Received: \_\_\_\_\_ By: \_\_\_\_\_

**CITY OF DOTHAN  
 ALARM APPLICATION INFORMATION**

**Please PRINT:**

**Category of Alarm**(Circle One):

- Law Enforcement: Intrusion/Burglar Robbery/Distress/Panic
- Fire: Sprinkler Smoke Detector Water Flow Flood Carbon Monoxide
- Emergency Medical: Medical-Alert
- Vehicle: Color \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Lic# \_\_\_\_\_ State \_\_\_\_\_
- Other: Specify \_\_\_\_\_

**Alarm Vendor:**

Name: \_\_\_\_\_ 24 Hour Contact Number: \_\_\_\_\_

**Reporting Method:**

- Varitech \_\_\_\_\_ (Alarm Number: \_\_\_\_\_)
- Central Station \_\_\_\_\_
- Other(specify) \_\_\_\_\_

**Alarm Location Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Manager \_\_\_\_\_

**Billing Information** (If different from above):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

**Contact Information:**

(List no less than least 2 local personnel that have access and can respond immediately. Any contact changes should be made in writing to the Dothan Police Dept. utilizing this form. )

	<u>Name:</u>	<u>Contact #:</u>	<u>Contact #:</u>	<u>Contact #:</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Application completed by \_\_\_\_\_ Date \_\_\_\_\_