

CITY OF DOTHAN
ALARM APPLICATION INFORMATION

___ Government ___ Non-Profit Organization ___ Update

CATEGORY OF ALARM (Check All that Apply):

- **Law Enforcement:** Intrusion/Burglar Robbery/Distress Panic
- **Fire:** Sprinkler Smoke Detector Water Flow Flood Carbon Monoxide
- **Emergency Medical:** Medical Alert
- **Other:** Specify: _____

ALARM VENDOR:

Name: _____ 24-Hour Contact Number: _____

ALARM LOCATION INFORMATION:

Name: _____

Address: _____

Telephone #: _____

Manager: _____

BILLING INFORMATION (if different from location):

Name: _____

Address: _____

Telephone #: _____

Attention: _____

CANINE INFORMATION:

Type of Breed(s): _____, _____, _____, _____

Number of Canines: _____ Current Vaccinations: Yes No

Type of Fencing (check all that apply): Underground Fence Chained Link Fence Privacy Fence

Other: _____

CONTACT INFORMATION:

List at least two (2) local personnel that can respond immediately in the event you are not available. Any contact changes should be made in writing to the Dothan Police Department utilizing this form.

	<u>Name</u>	<u>Phone 1</u>	<u>Phone 2</u>	<u>Phone 3</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Applicant's Signature: _____ **Date:** _____

Yes, I would like to receive my statements via email @ _____

-----**FOR OFFICIAL USE ONLY**-----

Date Received: _____

Permit Number: _____

Fee Received: _____

By: _____

Check #: _____