

ALARM SYSTEM REGISTRATION FORM CITY OF MOUNT PLEASANT, TN 38474 ORDINANCE NUMBER 2005-846 (Ammended 2021-1063)	Registration Office Use Only						
	Permit #: _____ <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Change <input type="checkbox"/> Cancel						
Permit Applicant			Alarm Monitoring Service (If Applicable)				
Name:			Company:				
Phone:			Phone:				
Address:							
City:			Robbery <input type="checkbox"/>	Burglary <input type="checkbox"/>	Fire <input type="checkbox"/>	Panic <input type="checkbox"/>	Medical <input type="checkbox"/>
Alarm Location			Directions to Site (Include Cross Streets)				
Business:							
Phone:							
Address:							
City:							
Hazardous Materials at Location:							
			Location Type:				
			Residential <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium	Other <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> _____ <input type="checkbox"/> _____	Other <input type="checkbox"/> Financial <input type="checkbox"/> Store / Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Factory		

Authorized Individuals to contact in the event of alarm activation.

(List in Priority Order)

Individuals listed may need to respond to the location in the event of an emergency. If subject listed is not local to the area, please note that after the contacts name.

1)	Name:	Phone:
2)	Name:	Phone:
3)	Name:	Phone:
4)	Name:	Phone:
5)	Name:	Phone:
6)	Name:	Phone:

Address To Mail Permit: *(If different from above)*

Notice: Non-Compliance with the terms of this ordinance shall constitute a violation, and each incidence of non-compliance shall constitute a separate violation punishable as provided in the municipal ordinance (2005-846, §7-405(g)). For additional information, contact the Mount Pleasant Police Department (931) 379-1000 or the City's Records Office, (931) 379-7717.

_____ Date

_____ Applicant's Signature

Permit Fee Receipt: Payment Office Use Only

Date Paid:

\$15.00 Residential

\$30.00 Other Prorated: _____

Cash Check Card Ref: _____