

You're required to complete this application and return it with your renewal payment.

Mail completed application with an attached non-refundable payment *(check or money order)* to: OKC Permits & ID Unit, P.O. Box 268837, OKC, OK 73126-8837

Contact Us

(405) 297-1109 • www.okc.gov/police ocpd.alarmpermits@okc.gov

O	New Permit / \$27	Renewal \$17	Update \$0	Permit Number	
Alar	med Location				

/	Lucation								
Occupar	nt/Business Name								
Address	/City/State/Zip								
Phone			Email						
	•								
Respons	ible Party (Must be a j	person)							
Full Nam	ne								
Address	/City/State/Zip								
Phone			Ema	ail					
Contacts	s (Those listed will be a	contacted in the event of alarm act	ivation. If	ʻyou'ı	're the permit holder and want to be contacted, list yourself.)				
Contact	1 Name								
Phone 1		cell / work / hom	ne Phor	1e 2	cell / work / home				
Contact	2 Name								
Phone 1		cell / work / hom	ne Phor	1e 2	cell / work / home				
Addition	al Information								
Date Installed / Activated Automatic Reset Audible									
Special	Conditions / Hazards		•						
Alarm Co	ompany								

Monitored By											Not Monitored		
Address/City/S						Stat	e Licens	e #					
Phone 1	Pho	one 2											
System Type	\bigcirc	Burglary		Robbery		Emergency		\bigcirc	Fire	\bigcirc	Other		

The undersigned hereby certifies contents of this application are true and correct; and I agree if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from operations of the alarm system servicing the above listed premises.