



# GREENFIELD POLICE DEPARTMENT Alarm Permit Information

\* All information will be kept confidential \*

*Please print or type all information.*

Check One:

Business

Residence

Check One:

New

Renewal

Check One or Both:

Intrusion

Hold-Up/Panic

Name of Business or Homeowner: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

Type of Business (if applicable): \_\_\_\_\_

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

Hours of Operation: \_\_\_\_\_

### Keyholder Information

Please list *at least three (3) persons* who can respond with keys *within 30 minutes* to inspect the building interior with police officers.

(Homeowner cell phone, pager, or business phone will be considered in lieu of a keyholder.)

	<u>Name</u>		<u>Home Phone</u>		<u>Cell Phone / Pager</u>
1.	_____	( )	____-_____	( )	____-_____
2.	_____	( )	____-_____	( )	____-_____
3.	_____	( )	____-_____	( )	____-_____
4.	_____	( )	____-_____	( )	____-_____

### Alarm Company Information

Name of Alarm Company: \_\_\_\_\_

Alarm Company Phone Number: \_\_\_\_\_

**COMPLETED APPLICATION MUST ACCOMPANY PAYMENT  
OR PERMIT WILL NOT BE ISSUED.**

(continued on reverse)

