

CITY OF CARTER LAKE
950 LOCUST STREET
CARTER LAKE, IA 51510
Phone: (712)347-6320 Fax: (712)347-5454
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INTRUSION ALARM PERMIT APPLICATION

APPLICANT INFORMATION

Please check one:

New Application Annual Application

Please check one:

Residential Business

Resident/Business Name		Business Phone	
Street Address		Zip Code	
Business Owners Name		Residence Phone	
Mailing Address (If Different)			
Email Address		Receive notifications by <input type="checkbox"/> Regular Mail <input type="checkbox"/> Email	

ALARM COMPANY INFORMATION

Monitoring Company _____ Phone _____

Type of alarm: Audible Silent Non-monitored

EMERGENCY NOTIFICATION

List three responsible representatives (other than the applicant) who will respond within 30 minutes to an alarm activation to assist the police in determining the cause of the alarm activation and to secure the premises.

Name	Address
Day Telephone	Night Telephone
Name	Address
Day Telephone	Night Telephone
Name	Address
Day Telephone	Night Telephone

City of Carter Lake Ordinance #168 states that it shall be unlawful for any person or firm to use or operate any alarm system without a current valid permit. Failure to complete this application could result in suspension of permit and a \$50 reinstatement fee.

SIGNATURE _____

DATE _____

HELP PREVENT FALSE ALARMS

OFFICE USE ONLY
PERMIT # _____
DATE ISSUED: _____