

**ALARM SYSTEM PERMIT APPLICATION
VILLAGE OF BAYSIDE
POLICE DEPARTMENT
9075 N REGENT ROAD
BAYSIDE, WI 53217-1800**

414-351-8800
414-351-8810 (FAX)

Date _____ Permit # _____

Applicant Name _____ Telephone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Organization Name _____ Telephone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Telephone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Alarm Type: Burglar Fire Medical Gas Manual/Hold-up Other _____

Does your alarm have a 10 minute siren or bell cutoff? No Yes (required by ordinance)

Please provide the following information regarding your alarm:

Type of Equipment, Installation Company, Date of Installation.

Name, Address, and Telephone number of at **least** two key holders:

I, the undersigned, have received a copy of, or have read the Bayside Municipal Code ordinance, Chapter 34 and agree to comply with the provisions thereof. I understand that prior to receiving approval for installation of an alarm system I must submit a \$35.00 application fee and this completed application.

In addition to the \$35.00 permit application, false alarm fees will be assessed by the Village based upon the number of alarms received in any calendar year on a sliding scale. In the event I fail to pay the fines I understand the Village Clerk may place them on my property taxes.

Application's Signature _____ Printed Name _____ Date _____

For Village Use

Date permit received _____ Permit Fee Received: No__ Yes__ Receipt # _____

Police Department Approval _____ Inspection _____

Date _____ Time _____ Officer ID _____ Data Entered _____