


<p><b>City of Shawnee</b></p> 	<p align="center"><b><u>City of Shawnee Alarm Registration/License Application</u></b></p>	<p><b>Shawnee Police Dpt.</b>  <b>405-878-1681</b>  16 w 9th  Shawnee OK 74801-6917  www.ShawneeOK.org  FAX: (405) 878-1520</p>
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**Business or Resident**

(CIRCLE ONE)

**Name of Business or Resident:** \_\_\_\_\_

Mailing Address for renewal notice: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Address of Alarm: (If different than above)** \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ Alternate # \_\_\_\_\_

**Alarm Monitoring Company:** \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ Alternate # \_\_\_\_\_

**Type of Alarm:**    Fire \_\_\_\_\_    Burglar \_\_\_\_\_    Both \_\_\_\_\_

**Initial Permit:**    \$25.00 \_\_\_\_\_    **Renewal:** \$15.00 \_\_\_\_\_    **Reinstatement:** \$50.00 \_\_\_\_\_

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Provide additional contact information on page 2)

**Permit #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit Card, Cash, Check#** \_\_\_\_\_ **Issued By** \_\_\_\_\_

**Responsible Parties to contact upon Alarm Activation:**

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

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

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email: \_\_\_\_\_