

CITY OF BERLIN, WISCONSIN
ALARM SYSTEM APPLICATION / PERMIT

INSTRUCTIONS: Applicant must type or print answers, except signature. Part I must be filled in completely. Approval is required before operation of alarm is permitted. Application and \$25.00 Application fee must be filed with the City Clerk's Office, 108 N. Capron Street, Berlin, Wisconsin 54923. Permit will then be reviewed by the Chief of Police and Police and Fire Commission at which time the applicant will be notified of acceptance or denial of alarm system application.

PART I – APPLICATION

Application is hereby made for a permit to install and operate an alarm system as regulated by the City of Berlin Private Security Alarm Ordinance.

Location of Alarm Information:

NAME OF BUSINESS or PRIVATE RESIDENCE : _____

ADDRESS: _____ TELEPHONE # _____

BUSINESS OWNER/MANAGER NAME: _____

Cell phone # _____ Pager # _____ Home # _____

Type of Building: Home _____ Business _____

Type of System: Silent _____ Audible _____ Visual _____

 Burglar _____ Hold-Up _____ Fire _____

 Other (specify) _____

Alarm Manufacturer's Name: _____

Underwriters Laboratory Approved?: Yes _____ No _____

Alarm Service Company:

NAME: _____

ADDRESS: _____

CITY/STATE: _____

DAY PHONE: _____ NIGHT PHONE: _____

KEYHOLDER INFORMATION: List three (3) persons, other than the applicant, that can be contacted in case of an activated alarm.

Name: _____ Home phone: _____

Name: _____ Home phone: _____

Name: _____ Home phone: _____

NOTE: Any future revisions of Keyholder names should be sent to the Berlin Police Department, PO Box 272, Berlin, WI 54923

SIGNATURE OF APPLICANT: _____ DATE: _____

List name and address where Service Penalty Billing should be sent:

BILLING NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

WAIVER

In the event that this application is approved and in consideration of being thereafter granted a private alarm system permit, Applicant agrees to indemnify and hold harmless the City of Berlin from any and all claims, suits, actions, damages, and expenses, including attorney fees, arising either in law or in equity out of or by virtue of the enactment of the City of Berlin Private Security Ordinance and release the City of Berlin for any loss of the City supplying facilities for the reception of alarm signals. Applicant further agrees to abide by all terms and conditions set forth in the City of Berlin Private Security Alarm Ordinance.

SIGNATURE OF APPLICANT: _____ DATE: _____

(City of Berlin Use Only)

PART II – PERMIT

Permit Number _____ has been issued to _____
for the purpose of installation and operation of an alarm system at the address of :

_____.

_____ Permit Granted

_____ Permit Refused (Reason) _____

_____ Permit Revoked (Reason) _____

SIGNATURE OF OFFICIAL: _____ DATE: _____

AMOUNT OF PAYMENT RECEIVED BY CITY CLERK'S OFFICE: \$ _____

RECEIVED BY: _____ ACCT #: R10-46-12100 DATE: _____

Distribution: Applicant, Berlin Police Dept, City Clerk