



**CITY OF LITTLE ROCK**

Treasury Management Division  
False Alarms  
500 West Markham Street, Suite 100  
Little Rock, AR 72201-1497  
Telephone: (501) 371-4570  
Fax: (501) 371-4569

For Office Use Only:	
CPY#:	_____
NPN:	_____
OPN:	_____
ISSD:	____/____/____

**APPLICATION FOR ALARM PERMIT - PLEASE TYPE OR PRINT CLEARLY.**

**1. Type of Application: (Check One)**

- New Alarm System
- Change of Contact Information
- New Owner: effective \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Date/Year)

**2. Alarm Site Type: (Check One)**

- |   |  |
|---|--|
| SF <input type="checkbox"/> Single Family                     | MG <input type="checkbox"/> City- (Municipal-) owned Government            |
| DP <input type="checkbox"/> Duplex                            | CG <input type="checkbox"/> County-owned Government                        |
| MF <input type="checkbox"/> Multifamily (three or more units) | SG <input type="checkbox"/> State-owned Government                         |
| FP <input type="checkbox"/> For Profit Commercial             | FG <input type="checkbox"/> Federal-owned Government                       |
| NP <input type="checkbox"/> Non Profit Commercial or Church   | ES <input type="checkbox"/> LRSD/PCSSD – Elementary School                 |
| BK <input type="checkbox"/> Financial Institution/Bank        | MS <input type="checkbox"/> LRSD/PCSSD – Middle/Junior High School         |
| TM <input type="checkbox"/> Automatic Teller Machine (ATM)    | HS <input type="checkbox"/> LRSD/PCSSD – High School                       |
| WH <input type="checkbox"/> Warehouse/Dry Storage Facility    | OS <input type="checkbox"/> LRSD/PCSSD – Other purpose building            |
| HO <input type="checkbox"/> Hospital                          | AX <input type="checkbox"/> Other Auxillary (cell tower, guardhouse, etc.) |

**3. Alarm Site Information:**

Resident /Business/Building Name: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

STREET #	N/S/E/W	STREET NAME	TYPE (St./Rd./Dr./Ave./Etc.)	APT/STE #	ZIP
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Telephone Number of Premises: (     )     -     \_\_\_\_\_

**4. Permit Holder Information:**

Name of Permit Holder: Mr./Mrs./Ms. \_\_\_\_\_

CIRCLE ONE	FIRST	MIDDLE	LAST NAME	SUFFIX
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Alternate Permit Holder: Mr./Mrs./Ms. \_\_\_\_\_

CIRCLE ONE	FIRST	MIDDLE	LAST NAME	SUFFIX
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Mailing/Billing Address: \_\_\_\_\_

STREET ADDRESS OR P.O. BOX	CITY	ST	ZIP
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Daytime Telephone Number: (     )     -     \_\_\_\_\_ Circle One: Home / Work / Cell / Pager

**5: Check all that apply: (All boxes must be checked before a permit will be issued)**

- I have been furnished with a written set of instructions on how to operate my alarm system properly.
- I have received training from the Alarm Installation Company on the proper use of the alarm system, including instruction on how to avoid false alarms.
- I am aware of the fact that an emergency service response may be influenced by factors including, but not limited to the availability of emergency service units, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels, etc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This application must be signed by the person who is indicated on this application as the permit holder.*