

Alarm System Permit Application

City of LaGrange 200 Ridley Avenue LaGrange, GA 30241-0430

This application is for a (check one): \Box Business \Box Residence



Please print legibly and use black ink

Alarm User information (Alarr Last Name	m Location) * First Name		*Middle Initi	
* If a business location, provid	de Business Trade Name and	d Corporate Owr	nership information	
* Street Number	Street Name	Email Address		
* Apt/Suite # *City/Town		* State	*Zip Code	
* Home Phone	* Work Phone		* Cell Phone	
Mailing Address (if different f Street Number	from the Alarm Location) Street Name			
		State	Zip Code	
Apt/Suite # City/Town List two (2) people to contact	t in the event of an alarm (wh			
List two (2) people to contact * Last Name # 1	t in the event of an alarm (wh	no can respond * First Name	within 30 minutes)	
List two (2) people to contact * Last Name # 1 * Home Phone	t in the event of an alarm (wh	no can respond * First Name		
List two (2) people to contact * Last Name # 1		no can respond * First Name	within 30 minutes)	
List two (2) people to contact * Last Name # 1 * Home Phone		* First Name * Cell F	within 30 minutes)	
List two (2) people to contact * Last Name # 1 * Home Phone * Last Name # 2	* Work Phone	* First Name * Cell F	within 30 minutes) Phone / Pager Number	
List two (2) people to contact * Last Name # 1 * Home Phone * Last Name # 2 * Home Phone Alarm Company Information	* Work Phone	* First Name * Cell F	within 30 minutes) Phone / Pager Number Phone / Pager Number	
List two (2) people to contact * Last Name # 1 * Home Phone * Last Name # 2 * Home Phone Alarm Company Information * Company Name	* Work Phone * Work Phone * Work Phone	* First Name * Cell F * First Name * Cell * Phone Number	within 30 minutes) Phone / Pager Number Phone / Pager Number	
List two (2) people to contact * Last Name # 1 * Home Phone * Last Name # 2 * Home Phone Alarm Company Information	* Work Phone * Work Phone * Work Phone	* First Name * Cell F * First Name * Cell * Phone Number	within 30 minutes) Phone / Pager Number Phone / Pager Number	

If you have an alarm system in the City of LaGrange, it must be registered. Auto alarms are excluded. If police or fire personnel respond to an unregistered alarm, the owner may be fined \$100. The first alarm activation at each registered alarm location is non-chargeable each month however a fine in the amount of \$50.00 for the second and subsequent activations on a month basis may be imposed. If fines are not paid or in the case where the alarm user has eight (8) or more false alarms within a twelve (12) month period the LaGrange Police Department and/or Fire Department may suspend response.

SOME THINGS YOU SHOULD KNOW

- Complete the application below and submit by mail or fax and obtain a permit before you operate your alarm system; failure to do so may result in a \$100 fine. Alarm permits are transferable.
- Changes in permit information must be submitted in writing within 30 days.
- Audible alarms that sound for more than 15 minutes may result in a \$100 fine.

AVOIDING FINES

Most alarms can be easily prevented by following these guidelines:

- Make sure all alarm users and key holders are trained to use the system, and know the code to arm and disarm the system, including how to cancel a false alarm.
- Be sure doors and windows are properly closed and locked before arming the system. Unsecured doors and windows are easily jarred, resulting in false alarms.
- Be sure motion sensors are adjusted correctly, especially if you have pets.
- Have an arming delay of at least 60 seconds and arrange with your alarm company NOT to call the police if the
 system goes off immediately after it has been armed. Frequently, people take too long to exit the premises, or
 set the system off by re-entering.
- If your alarm system is easily set off by thunderstorms or power outages, have it repaired or adjusted.
- Periodically check the batteries and test your alarm system.
- Read and follow the instructions in your operator's manual.

Call (706) 883-2648 or contact your alarm company, if you have any questions.

CLIP AND MAIL

CITY		E ALADM DEDMIT ADDITION				
CITY OF LAGRANGE ALARM PERMIT APPLICATION Applicant's Name (or Business Name)						
Alarm Location Address (include Apt/Suit	Zip Code					
Phone Number (Home)	_ (Work)	Driver's License #	State			
Mailing Address (If Different)			Zip Code			
Alarm Site: Residence		Non-Residence / Business				
Alarm Company Name						
List below two (2) people with keys to your building and a working knowledge of your alarm system that could respond within twenty five (25) minutes to assist the police in resetting your alarm.						
Name		Phone (H)	_ (W)			
Name		Phone (H)	_ (W)			

Please complete this form and return it immediately. Violations for failure to register; and violations for installing, maintaining, or using an audible system with a continual sound for more than 15 minutes may be enforced through the assessment of civil penalties in the amount of \$100.00.

Mail to: City of LaGrange Alarm Tracking and Billing, PO Box 430, LaGrange, GA 30241-0430