## YORK POLICE DEPARTMENT ALARM USER PERMIT APPLICATION

Office Use Only

Permit Type:
Permit Number:

## **PLEASE PRINT OR TYPE**

Date of Application:	
Name of Business or Residence:	
Address of Alarm:	Phone:
Mailing Address: (if different from above)	
Name of Alarm Company:	Phone:
Address of Alarm Complany:	
CONTACT INFORMATION	ANNUAL FEE
Primary Contact  LAST NAME:  FIRST NAME:  Phone: Cell Phone:	Single Family Dwelling: \$10.00  (shall mean a building having accomodations for and occupied exclusively by one family. This may include modular homes, manufactured homes and mobile homes.)
Secondary Contact  LAST NAME:  FIRST NAME:  Phone: Cell Phone:	Non-single Family Dwelling: \$25.00 (shall mean any building that does not quailfy as a single family dwelling.)
SPECIAL CONSIDERATIONS (i.e. physical need	ls, vicious animals, safe, hazardous materials, etc. )

Please complete this application and return with the appropriate fee to:

York Police Department 315 Grant Avenue York NE 68467