

**City of Bethany Police Department
Alarm Permit Application**

Application Type: Residential Business

Alarm Permit No: _____

Business Name: _____

Requestor's Name: _____
Last Name First Name

Alarm Address: _____

Mailing Address: _____
City State Zip Code Apt. # / Suite #

City State Zip Code Apt. # / Suite #

Phone Info: _____ - _____ - _____ Type*
_____ - _____ - _____ Type*

*Type: [H] Home [C] Cellular [B] Business [O] Other

ALARM COMPANY: Alarm company responsible for monitoring the alarm

Alarm Co. Name: _____

Address: _____

City State Zip Code Apt. # / Suite #

Phone Info: _____ - _____ - _____ or _____ - _____ - _____
Primary phone number Alternate phone number

CONTACTS: A minimum of TWO (2) LOCAL contact people is preferred, other than requestor. Each must be able to respond to an alarm within a reasonable time.

1. _____
Last Name First Name

Phone Info: _____ - _____ - _____ Type*
_____ - _____ - _____ Type*

2. _____
Last Name First Name

Phone Info: _____ - _____ - _____ Type*
_____ - _____ - _____ Type*

3. _____
Last Name First Name

Phone Info: _____ - _____ - _____ Type*
_____ - _____ - _____ Type*

Return this application and \$25.00 fee (by check or money order payable to the City of Bethany) to:

**Bethany City Hall
Attn: Finance Department
PO Box 219
6700 NW 36th St
Bethany, OK 73008-0219**