



CITY OF HEDWIG VILLAGE APPLICATION FOR BURGLAR ALARM SYSTEM

Full Name of Applicant
or Business Name: _____

Street Address of Alarm Site: _____
(Include suite or room number, if applicable)

Check One: Business _____ Residence _____

IF A BUSINESS, PLEASE COMPLETE THIS SECTION:

Contact Person: _____

Home Phone: _____ Business Phone: _____

Phone Number at Alarm Site: _____

Occupant's Business Phone: _____

Two Persons to Be Notified in Case of Activated Alarm System and Owner cannot be Located:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name and Phone Number of Phone Company Monitoring Your Alarm:

Name: _____ Phone: _____

Automatic Shut-Off? Yes _____ No _____ Automatic Shut-Off is required by ordinance

FEES New: _____ *(See fee Schedule below) Renewal _____ \$25.00

***January 1 thru March 31: \$50.00**

April 1 thru June 30: \$37.00

July 1 thru September 30: \$25.00

October 1 thru December 31: \$12.00

Signature of Applicant