



ALARM LICENSE
CITY OF GROSSE POINTE WOODS
XXXX YEAR
ALARM LICENSE
LICENSE FEE XXXXXXX
EXPIRES DECEMBER XXXXXX

FEE SCHEDULE: Alarm licenses are **ONLY** issued in the original for a TBD period ending on the 31st day of December of the fifth year, for a fee of TBD and **no portion of the fee being refundable. Upon a change in occupancy, a new alarm license is immediately required.** However, under such circumstances, the new occupant's fee schedule shall be pro-rated at TBD per calendar year, or any part thereof, for the remainder of the original TBD year licensing period.

INSTRUCTIONS FOR THE COMPLETION OF THE ATTACHED ALARM LICENSE APPLICATION:

- 1. Please Read Carefully**, as the requested information will assist your Public Safety Department in protecting you and your property.
- Print or type **neatly and heavily**, REMEMBERING TO COMPLETE THE ATTACHED ALARM APPLICATION.
- Make check or money orders payable to the City of Grosse Pointe Woods, and mail within thirty days to:
License Application, Attention: Grosse Pointe Woods Public Safety Department, 20025 Mack Plaza Dr., Grosse Pointe Woods, Michigan 48236
- Retain this cover for your records.
- 5. IMPORTANT:**
IF YOUR ALARM SYSTEM IS PROGRAMMED TO INDIRECTLY DIAL (OR TELEPHONE THROUGH A SECOND PARTY CALLER) ANY OTHER TELEPHONE NUMBER THAN 313.343.2400 FOR POLICE FIRE OR AMBULANCE EMERGENCY SERVICE, IT MUST BE IMMEDIATELY CHANGED TO 313.343.2400.

ALARM LICENSE

CITY OF GROSSE POINTE WOODS POLICE AND FIRE ALARM LICENSE APPLICATION

(1) Applicant's Name: _____
Last First Middle

Applicant's Address: _____
No. Street

_____ City State Zip

Home Phone No. Cell Phone No.

(2) Location of applicant's property protected by alarm: _____
No. Street Phone No.

(3) If not a private residence, list the name of the business or institution protected by the alarm system: _____

(4) Type and manufacturer of alarm system: _____

(5) Name of firm providing maintenance, monitoring or emergency service for your alarm system: _____

Address: _____
No. Street

_____ City State Zip

Emergency Phone No. _____

(6) List the names, addresses and phone numbers of persons who have a key to your residence, business or institution that can be contacted during an emergency:

(a) _____
Name

_____ Address

_____ Phone No.

(b) _____
Name

_____ Address

_____ Phone No.

(c) _____
Name

_____ Address

_____ Phone No.

STREET NO.

STREET

(7) List the names, addresses, and phone numbers of persons you wish to be contacted in the event of damage to your property, or in the event you are ill or injured.

(PLEASE SPECIFY PROPERTY OR PHYSICAL NOTIFICATION)

(a) _____
Name

Address

Phone No.

(b) _____
Name

Address

Phone No.

(c) _____
Name

Address

Phone No.

(8) PROTECTION INFORMATION: List locations of bedrooms with young or sick persons; indicate nature of illnesses, medications and doctors to be contacted. List the location of safes and areas where valuables are stored, etc.; and name and emergency phone number of your property insurer.

PLEASE NOTE: AS THE RESULT OF THE CONFIDENTIAL INFORMATION CONTAINED IN THIS LICENSE, THE PUBLIC SAFETY DEPARTMENT WILL BE SOLELY RESPONSIBLE FOR ADMINISTERING, STORING AND RETRIEVING THE INFORMATION CONTAINED HEREIN. FURTHERMORE, THE INFORMATION CONTAINED HEREIN, SHALL ONLY BE RELEASED TO POLICE, FIRE AND MEDICAL PERSONNEL, IN CONJUNCTION WITH AN OFFICIAL INVESTIGATION, FIRE, OR EMERGENCY MEDICAL CONDITION, IN RESPONSE TO AN ALARM OR UPON OTHER LAWFUL NOTIFICATION.

Distribution: Address File