



CITY OF MURFREESBORO

ALARM SYSTEM PERMIT APPLICATION

- New ReNew
 FOR CHANGES ONLY:
 Address Phone
 Contact Monitoring Services

NOTICE: Permit **MUST** be approved and fee paid before activating alarm system. Use of alarm system is subject to terms of City of Murfreesboro Alarm Systems Ordinance. Alarm monitoring company must provide alarm user with information about requirements of ordinance. Please report any change in information on the application within the required **10 days**.

ALARM USER (Actual Site of Alarm)	BILLING ADDRESS (If Applicable)
NAME _____	NAME _____
STREET NAME # _____ APT/SUITE _____	STREET NAME # _____ APT/SUITE _____
MURFREESBORO, TN _____ CITY, STATE ZIP _____	MURFREESBORO, TN _____ CITY, STATE ZIP _____
PHONE 1 _____ PHONE 2 _____	PHONE 1 _____ PHONE 2 _____

AUTHORIZED INDIVIDUALS TO CONTACT (List Phone Numbers in Priority Order-Maximum 4)

NAME _____	PHONE NUMBER(S) _____
NAME _____	PHONE NUMBER(S) _____
NAME _____	PHONE NUMBER(S) _____
NAME _____	PHONE NUMBER(S) _____

ALARM MONITORING COMPANY	TYPE OF ALARM (Check One Only)	LOCATION TYPE
NAME (LAST, FIRST OR BUSINESS NAME) _____	<input type="checkbox"/> CLASS I: Alarm Monitored by Alarm Company or Automatic Dialer to anyone other than the Police <input type="checkbox"/> CLASS II: NOT Monitored-Audible and/or Visual Alarm at Premises Only	Commerical: <input type="checkbox"/> Financial <input type="checkbox"/> School <input type="checkbox"/> Store <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Other <input type="checkbox"/> Church <input type="checkbox"/> Factory
ADDRESS _____		Residential:
CITY, STATE ZIP _____		<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other <input type="checkbox"/> Duplex/Triplex/Quad
PHONE NUMBER(S) _____		

NOTICE: Each incidence of non-compliance with the Alarm Systems Ordinance shall constitute a separate violation. Violations of the ordinance may result in a service charge, revocation of the alarm permit (reinstatement requires \$50 fee), or a citation to City Court, a fine and court costs. A citation to City Court will be issued in the event of twenty (20) or more False Alarms in a twelve (12) month period.

I agree to accept service by certified mail of any City citation pursuant to the Alarm Systems Ordinance, Murfreesboro Code Section 7 ½ and I waive any right to service in person by a police officer.

I do not agree to accept service by certified mail of any citation arising hereunder. I wish to be Personally serviced by a police officer.

Signature of Alarm User _____ Date _____

Signature of Alarm User _____ Date _____

Please remit application and fee to:
Alarm Enforcement – Murfreesboro Police Department
1004 North Highland Avenue
Murfreesboro, TN 37130

We accept cash or check only
Make Check payable to: City of Murfreesboro

OFFICE USE ONLY/ DO NOT WRITE BELOW THIS LINE

CLASSIFICATION: CLASS I - \$30.00 (EVERY 3 YEARS) CLASS II - \$25.00 (EVERY 3 YEARS) Cash Check # _____

PERMIT NUMBER: _____ EXPIRATION DATE _____ APPROVED _____ DATE PERMIT _____
Alarm Enforcement Section