



THE CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

License Application
Alarm Company

Date of Application: _____

ALARM COMPANY INFORMATION

Name of Alarm Company: _____
Street Address: _____ Ste/Rm#: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

ALARM COMPANY CONTACT INFORMATION

Primary Contact Person/Manager for Alarm Company: _____
Business Address: _____ Home Address: _____
City/State/Zip: _____ City/State/Zip: _____
Contact Person Business Phone: _____ Contact Person Home Phone: _____

PHONE NUMBER AT WHICH PERSONNEL OF ALARM COMPANY CAN BE NOTIFIED IF
POLICE, FIRE, OR SHERIFF'S DEPARTMENTS NEED ASSISTANCE AT ANY TIME
PHONE NUMBER: _____

ADDITIONAL CONTACTS:

(List (4) additional alarm agents employed by Alarm Company who may be contacted In the event
of an emergency):

Table with 2 columns and 4 rows for additional contacts, including fields for Name, Home Address, City/State/Zip, and Home Phone.

I declare that the Information contained on this application Is accurate. I also understand that It Is my
responsibility to notify the City Clerk/Violation Office of any changes,

Alarm Company Authorized Agent _____ Date _____

Please return to: City Clerk/Violations Bureau, 200 E Berry Street, Suite #110, Fort Wayne, IN 46802
Office: (260) 427-1208 Fax: (260) 427-8598

For Office Use Only: License # _____ License Date: _____
License Issued By: _____