



ALARM PERMIT APPLICATION
Columbus Consolidated Government
Revenue Division
P O Box 1397
Columbus, Georgia 31902-1397
Ph: (706) 653-4100 Fax: (706) 225-3777

OFFICE USE ONLY
Permit No: _____
Clerk: _____
Date: _____

You MUST notify your monitoring company of your valid permit number to avoid violation.

I. ALARM LOCATION INFORMATION

Individual's Name or Company Name: _____

Alarm Address: _____

City / State: _____ Zip: _____

Phone Number: _____

If Company, Contact Name & Ph. No.: _____

Billing address IF different from above

Address: _____

City / St. / Zip: _____

II ALARM LOCATION INFORMATION

_____. Check here if this is a new installation

_____. Check here if registering a change of ownership

_____. Check here if you have an active alarm at a different address. Please provide address: _____

_____. Check here if you have recently de-activated an existing alarm. Please provide address: _____

III. EMERGENCY NOTIFICATION

Please list (3) individuals who may know how to reach you in case of emergency. (Preferably people with keys and alarm codes.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____