



CONSOLIDATED GOVERNMENT  
*What progress has preserved.*

# 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:* \_\_\_\_\_