



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: