



SECURITY ALARM SYSTEM PERMIT APPLICATION

VILLAGE OF WRIGHTSTOWN
352 High Street, Wrightstown, WI 54180

Type of Alarm: Commercial Residential Fee \$_____ annual

Alarm Location Information:

Name or Company: _____ Phone: _____

Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

Alarm System Service:

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Key Holders – Place in order you wish to have called:

1. Name _____ Phone _____

Address _____ City _____

2. Name _____ Phone _____

Address _____ City _____

3. Name _____ Phone _____

Address _____ City _____

Is the system equipped with functional battery back-up in case of power failure? YES NO

Is system equipped with an automatic shut-off? YES NO

Will you assure that a key holder arrives at location of alarm within 30 minutes after Police or Fire Department has been notified that alarm has been activated? YES NO

I, the undersigned, hereby agree to abide by the Village of Wrightstown Security Alarm System Ordinance and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premises. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels. Furthermore, I understand that this permit is not transferrable to any other property or person(s) in the Village of Wrightstown.

Application Signature: _____ Date: _____

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