

City of Springville

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Building Department
(205) 467-2705
(205) 467-2756 (fax)

P.O. Box 919
151 Industrial Dr
Springville, AL 35146

Alarm Permit

Permit Number: _____

Job Address:	
Business <input type="checkbox"/> or Resident <input type="checkbox"/> Name:	Telephone:
Alarm Company Installing Alarm:	Telephone:
Installer Company Address:	
Alarm Monitoring Company:	Telephone:
Type of Alarm: (Check all that apply) Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Panic <input type="checkbox"/> Fire/Smoke <input type="checkbox"/> Sprinkler <input type="checkbox"/> Local alarm only <input type="checkbox"/>	

KEYHOLDER CONTACTS: Commercial or institutional alarm users should have at least two keyholders, one which must be available to respond to alarms within one hour. Residential users please include work or pager numbers where you, spouse, or an adult family member may be notified of alarms.

NAME

TELEPHONE

NAME

TELEPHONE

NAME

TELEPHONE

NAME

TELEPHONE