

**APPLICATION  
ALARM USER LICENSE  
VILLAGE OF MOUNT GILEAD**

**APPLICANT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**PROPERTY TO BE SERVICED BY ALARM:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY IN CASE USER IS UNAVAILABLE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

NOTE: If alarm system pertains to a building, structure or facility other than a residence, three (3) other names, addresses and phone numbers must be provided unless such facility employees less than three persons. An alarm monitoring company name may be substituted for the required names if a contractual arrangement exists between the user and the monitoring company.

\*Please attach additional name sheet to this application.

If there is any change of information to be made on this application, the user shall, within ten (10) days of such change, inform the Village of Mount Gilead in writing.

I AGREE TO SUBMIT TO THE ASSESSMENT SCHEDULE GIVEN IN SECTION **937-08** of the CODIFIED ORDINANCES OF THE VILLAGE OF MOUNT GILEAD. I HAVE RECEIVED A COPY OF ORDINANCE 1156 DETAILING THE ALARM USER SYSTEM. I ALSO UNDERSTAND THAT IF I CHOOSE NOT TO AGREE AND/OR COMPLY WITH SECTION **937-08**, ISSUANCE OF AN ALARM LICENSE SHALL BE DENIED OR REVOKED.

Signature of Applicant \_\_\_\_\_

FEE: \$50.00-one Time Fee

Biannual Renewal of License

Date \_\_\_\_\_