



Alarm By-law Permit Registration

COBOURG POLICE SERVICE

Date: _____

Permit Applicant and Address of Protected Premises

Last Name (please print) of person responsible for alarm

First Name (please print)

Date of Birth

Name of Business (if applicable)

Address _____

Home Phone: _____

City _____

Work Phone: _____

Postal Code _____

Cell Phone: _____

Mailing Address (if different): _____

Annual Permit Fee – Non Transferable

Please Check Appropriate Box and attach payment

Residential \$27.12 (\$24.00 plus HST)

Commercial \$67.80 (\$60.00 plus HST)

Institutional \$54.24 (\$48.00 plus HST)

Industrial \$67.80 (\$60.00 + HST)

Alarm System Details

Monitoring company **currently** responsible for monitoring your alarm system:

Company Name: _____ Phone: () _____

Premise Details (Confidential – for authorized police use only)

In order to ensure the safety of our officers and the public and to enable the police to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. animals, hazardous substances, weapons, etc.). Please use additional paper if necessary.

Contact People (person available to secure premise in the event of a problem)

Name: _____

Phone: () _____

Name: _____

Phone: () _____

Name: _____

Phone: () _____

Signature: _____