



Alarm By-law Permit Registration

COBOURG POLICE SERVICES

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): _____

Permit Fee – Non Transferable

Please Check Appropriate Boxes and attach payment **Payment Type:**
 New Owner at above address Update – No Fee Cheque Money Order
 Residential \$25.44 (\$24.00 plus GST) **Payable to:**
 Commercial \$63.60 (\$60.00 plus GST) **Your Alarm Company**
 Institutional \$50.88 (\$48.00 plus GST)
 Industrial \$63.60 (\$60.00 plus GST)

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: _____ **Please Return to Your Alarm Company**