



City of Blaine
ALARM SYSTEM PERMIT
 Commercial/Industrial/Business Form
ALARM SYSTEM REGISTRATION

Please type or print

Date: _____

Alarm User	Business Name	Suite /Unit #	Business Phone	Business Fax
	Business Address		City & Zip Code	Date of Occupancy

Alarm System	Alarm System Type Police <input type="checkbox"/> Hold Up/Robbery <input type="checkbox"/> Both <input type="checkbox"/>	Date of Activation	Name/Phone # of Monitoring Station
	Key holder/Emergency Contact Person #1		Home Phone #
	Key holder/Emergency Contact Person #2		Home Phone #
	Key holder/Emergency Contact Person #3		Home Phone #

BILLING	Corporate Business Name (if different from above)		Attention:
	Mailing Address/Suite/Unit #	City/State/Zip	Business Phone

▶ ANY FUTURE CHANGES TO THIS REGISTRATION FORM REQUIRES A NEW FORM TO BE COMPLETED

PLEASE RETURN THIS FORM TO:

Blaine Police Department
 Alarm Coordinator
 10801 Town Square Dr NE
 Blaine MN 55449
 (763) 785-6168
 Fax (763) 785-6100

This fee is required as you have registered *after* the June 28th 2005 deadline. There was a one year grace period for registering the alarm system without the registration fee.

ALARM SYSTEM INSTALLATIONS ARE REQUIRED TO PAY THE REGISTRATION FEE.

Please remit \$10 with this completed application
 Please make check out to: City of Blaine