



City of Columbia Alarm Permit

Alarm Location:

Resident or Business Name: _____

Alarm Address: _____

Apt. #: _____ City: _____ State: _____ Zip: _____

Alarm Location Telephone #: _____

Billing Information:

Same as resident name and alarm address

Primary Contact: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

Alarm Type:

Burglar: Monitoring Company:

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Fire: Monitoring Company:

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Alarm Type (Continued):

Medical: Monitoring Company:

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Other: Monitoring Company:

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Emergency Contacts:

1. Contact Name: _____ Phone #: _____

Address: _____

Cellular #: _____ Pager #: _____

Emergency Contact has keys to the property

2. Contact Name: _____ Phone #: _____

Address: _____

Cellular #: _____ Pager #: _____

Emergency Contact has keys to the property

3. Contact Name: _____ Phone #: _____

Address: _____

Cellular #: _____ Pager #: _____

Emergency Contact has keys to the property