



**Village of Mazomanie  
133 Crescent Street  
Mazomanie, WI 53560**

**ALARM REGISTRATION INFORMATION**

**Renewal**

(Please Type or Print Clearly)

**For Office Use Only**

Permit ID

**A non-refundable \$25.00 permit/registration fee must be submitted with each permit/registration form for residential properties and a \$50.00 permit fee must be submitted with each permit/registration form for commercial properties. Any person desiring to install an alarm after the effective date of this Ordinance, and by January 1 each year thereafter, shall first secure a permit from the Village of Mazomanie.**

**A. Residential Alarm User Information:** (Residential alarm users, please complete sections A and C through G.)

**Alarm User Name:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Alarm Location:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address:**

If Different than above

Street Address/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

**B. Commercial Alarm User Information:** (Commercial alarm users, please complete Sections B through G.)

Name of Corporation, Sole Proprietor or Partners \_\_\_\_\_ Type of Business \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Trade Name(s) use by Business \_\_\_\_\_

**Alarm Location:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Owner or President of Business**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Local Manager:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**C. Mailing Address:** (if different from location of Alarm System)

**D. Contact Information:** (List three people, other than the owner, who can respond to an alarm activation.)

**Key Holder Information** – A private alarm is required by Village and County Ordinance to file certain information with the Village. Among this information is a list of three individuals who are familiar with the alarm, and who are available at any time to deactivate the alarm upon request of the Sheriff. These individuals should be able to provide access to the premises if requested by the Sheriff. Please list their names and phone numbers below.

**1<sup>st</sup> Contact:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Key Holder Information continued****2<sup>nd</sup> Contact:**

First Name	Last Name
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Home Phone

Work Phone

Cell Phone

**3<sup>rd</sup> Contact:**

First Name	Last Name
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Home Phone

Work Phone

Cell Phone

**E. Alarm Install/Service Company:**

License #	Contact Person	Phone
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(if applicable)

**F. Alarm Monitoring Company:**

License #	Contact Person	Phone
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**G. Special Conditions:** (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

Pet(s)	Indoor/Outdoor	Bites?
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**H. Alarm Type (Check all that apply)**

<input type="checkbox"/> Intrusion;	<input type="checkbox"/> Interior Motion;	<input type="checkbox"/> Holdup;	<input type="checkbox"/> Fire;	<input type="checkbox"/> Silent;	<input type="checkbox"/> Audible;	<input type="checkbox"/> Perimeter
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I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of the Village of Mazomanie Ordinance Code and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premises. Permit/registration of an alarm system is not intended to, nor will it create a contract, duty or obligation either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

**Signature****Date**

## **Instructions for Completion of Alarm User Permit/Registration Form**

### **Section A** To be completed by *Residential* alarm users only.

**Alarm User Name:** First and last name of the *residential* alarm user. List both spouses if applicable.

**Alarm Location:** Complete street address, including directional prefix and suffix, where the alarm is located. Indicate the home, work, and cell or pager (cell is preferable) numbers of the alarm user, as well as one e-mail address where the alarm user can receive correspondence. If no e-mail address is available leave blank.

### **Section B** To be completed by *Commercial* alarm users only.

**First Line:** Indicate the full legal corporate name of the business. If the business is a sole proprietorship or partnership, list the name of the owner or one partner.

**Second Line:** List any trade names used by the business if different from the corporation name, owner or partner's last name.

**Alarm Location:** Complete street address, including directional prefix and suffix, where the alarm is located. Indicate the business phone number at the alarmed location.

**Owner or President:** List the first and last name of the president, owner or person responsible on a corporate level for the alarm system at the alarm address. Indicate the home, work, and cell or pager (cell is preferable) numbers of the business owner, president or partner, as well as one email address where this person can receive correspondence. If no email address is available leave blank.

**Local Manager:** List the first and last name, home, work, and cell or pager (cell is preferable) numbers and email address for the local manager at the alarm site.

### **Section C** To be completed by both *Residential* and *Commercial* alarm users.

**Mailing Address:** Indicate separate mailing address if different from alarm location.

### **Section D** To be completed by both *Residential* and *Commercial* alarm users.

**Contact Information:** These are persons, who should be contacted in the event of an alarm activation, who are willing and have agreed to receive notification of an alarm activation at any time, respond to the alarm site within 30 minutes, grant access to the alarm site and deactivate the alarm system if such becomes necessary. Two separate contact persons are required. Provide home, work, cell or pager (cell is preferable) numbers, as well as email addresses of contacts.

### **Section E** To be completed by both *Residential* and *Commercial* alarm users.

**Alarm Install/Service Company:** List the name of the company that either installed or services your alarm system. Include the alarm company's license number, contact person and the best phone number at which to reach this individual. Check your contract or contact your alarm company for the information.

### **Section F** To be completed by both *Residential* and *Commercial* alarm users.

**Alarm Monitoring Company:** List the name, license number, contact person and phone number of the company that monitors your alarm system and requests public safety dispatch on your behalf. If same as install or service company, leave blank.

### **Section G** To be completed by both *Residential* and *Commercial* alarm users.

**Special Conditions:** Indicate any unusual circumstances that should be considered when responding to an alarm at the permitted alarm address such as: handicapped person(s), guard dog on site, hazardous conditions/materials, security personnel, weapons, directions to alarm site, etc. Indicate any pet(s).

### **Section H** To be completed by both *Residential* and *Commercial* alarm users.

**Type(s) of Alarms:** Indicate any type of alarm on the premises.

**Signature Line: A responsible residential alarm user or the president, owner, partner, or local manager of a commercial alarm user must sign this form.**