

## First Responder Intrusion Alarm

**MONITORED RESIDENCE OR MONITORED BUSINESS INFORMATION**

**Resident or Business Name:**

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**Address of Alarm System:**

City: <b>Broken Arrow</b>	State: <b>OK</b>	Zip Code:
Phone:	Other phone:	

*Mailing Address, if different from above alarmed address:*

City:	State:	Zip Code:
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Email:

**ADDITIONAL CONTACT INFORMATION**

Name:	Phone:
Name:	Phone:

**ALARM / MONITORING COMPANY – REQUIRED BY OKLA DEPT OF LABOR:**

**Alarm Company:**

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**Address:**

City:	State:	Zip Code:
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Phone: \_\_\_\_\_ (Alarm CO) OK License Number: \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING**

Permit is valid for one year

I have been instructed in the proper use and maintenance of my alarm system

I have not been denied nor had an alarm permit revoked within the last 12 months

*Permits are not transferrable*

*Permits are not refundable*

False statement made by an applicant for the purpose of obtaining an alarm permit shall be sufficient cause for refusal to issue a permit or for the immediate revocation of an already issued permit.

**Print name of applicant:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** City of Broken Arrow  
Development Services  
P O Box 610  
Broken Arrow OK 74013