

# SPRINGFIELD POLICE DEPARTMENT

802 Willow Street  
Springfield, TN 37172

**NOTICE: Permit MUST be approved and fee paid before installing alarm system.**

<b>ALARM SYSTEM REGISTRATION FORM</b> <b>Springfield City Ordinance</b> <b>Section 11-301, et. seq.</b>		PERMIT # _____ <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> RENEW	
<b>RESIDENTIAL ALARMS</b>		<b>ALARM MONITORING CO. (IF APPLICABLE)</b>	
NAME _____	PHONE _____	COMPANY _____	PHONE _____
ADDRESS _____		ADDRESS _____	
CITY _____ STATE _____ ZIP _____		CITY _____ STATE _____ ZIP _____	
<b>BUSINESS ALARMS</b>		<b>DIRECTIONS TO SITE: (INCLUDE NEAREST CROSS STREETS)</b>	
BUSINESS NAME _____		PHONE _____	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
<b>TYPE OF ALARM (CHECK ONE ONLY)</b>		<b>LOCATION TYPE (CHECK ONE ONLY)</b>	
<input type="checkbox"/> Automatic Dialer To Anyone Other Than Police Dept. <input type="checkbox"/> Monitored By Alarm Co. <input type="checkbox"/> Not Monitored - Audible At Premises Only		<b>Commercial:</b> <input type="checkbox"/> Financial <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Store <input type="checkbox"/> Restaurant <input type="checkbox"/> Office <input type="checkbox"/> Factory <input type="checkbox"/> Other _____  <b>Residential:</b> <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> House <input type="checkbox"/> Duplex/Triplex/Quad <input type="checkbox"/> Other _____	
<b>AUTHORIZED INDIVIDUALS TO CONTACT IN EVENT OF ALARM ACTIVATION (List # in Priority Order, Both Residences &amp; Businesses)</b>			
1. NAME _____		PHONE NUMBER _____	
2. NAME _____		PHONE NUMBER _____	
3. NAME _____		PHONE NUMBER _____	
4. NAME _____		PHONE NUMBER _____	
<p><b>NOTICE: Non-Compliance with the terms of this ordinance shall constitute a violation and each incidence of non-compliance shall constitute a separate violation punishable as provided in the Springfield City Code, Section 11-319</b></p> <p>Please Remit All Applications &amp; Fees to:  <b>Alarm Enforcement Section</b>                  Springfield Police Department                  802 Willow St. Phone (615) 384-8422                  Springfield, TN 37172    CHECKS ONLY -- NO CASH ACCEPTED</p>			
SIGNATURE _____		DATE _____	
<b>OFFICE USE ONLY      DO NOT WRITE BELOW THIS LINE</b>			
Permit Fee Receipt: The Annual Permit Fee shown as established by Springfield City Code Section 11-311 was paid on: _____		Classification: <input type="checkbox"/> I - 25.00 - BI-Annual <input type="checkbox"/> II - 25.00 - BI-Annual <input type="checkbox"/> III - 10.00 - One Time Only	
PERMIT NUMBER _____		EXPIRATION DATE _____ AMOUNT \$ _____	
APPROVED _____		PERMIT ISSUED _____	
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