

CITY OF BETHANY

Alarm Permit Application

APPLICATION TYPE

Permit Category	New	Fee	Renewal	Fee
Residential	<input type="checkbox"/>	\$25	<input type="checkbox"/>	\$10
Business	<input type="checkbox"/>	\$25	<input type="checkbox"/>	\$10

APPLICANT / ALARM LOCATION

Business Name: _____

Contact Name / Title: _____

Alarm Address: _____

City / State / ZIP: _____

Mailing Address: _____

City / State / ZIP: _____

Phone #1: _____

Type

C H B O

Phone #2: _____

Type

C H B O

ALARM COMPANY

Alarm Company Name: _____

Phone Number: _____

Address: _____

City / State / ZIP: _____

LOCAL CONTACTS

A minimum of TWO (2) LOCAL contact people/representatives are required. Each must be able to respond to an alarm within a reasonable time.

Contact 1	Name / Title: _____	
	Phone #1: _____	Type: <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> B <input type="checkbox"/> O
	Phone #2: _____	Type: <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> B <input type="checkbox"/> O

Contact 2	Name / Title: _____	
	Phone #1: _____	Type: <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> B <input type="checkbox"/> O
	Phone #2: _____	Type: <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> B <input type="checkbox"/> O

Contact 3	Name / Title: _____	
	Phone #1: _____	Type: <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> B <input type="checkbox"/> O
	Phone #2: _____	Type: <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> B <input type="checkbox"/> O

RETURN INSTRUCTIONS

Return in person: City Hall, 6700 NW 36th St, Bethany, OK 73008

Return by mail: City of Bethany, PO Box 219, Bethany, OK 73008

Payment: Make check or money order payable to City of Bethany.

Phone type key: C = Cell | H = Home | B = Business | O = Other