

Fire Alarm Permit Application

MAKE CHECKS PAYABLE TO: CITY OF WILLMAR
PO BOX 755
333 SW 6th St.
WILLMAR, MN 56201

STREET ADDRESS:	ZIP:
MAILING ADDRESS: IF DIFFERENT FROM ABOVE	ZIP:

RESIDENTIAL PERMIT:

NAME OF RESIDENT: _____ PHONE: _____

ALARM COMPANY: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

SECONDARY CONTACT: _____ PHONE: _____

BUSINESS PERMIT:

BUSINESS NAME: _____ PHONE: _____

OWNER'S NAME: _____ PHONE: _____

MANAGER'S NAME: _____ PHONE: _____

ALARM COMPANY: _____ PHONE: _____

ALARM PERMIT FEES:

- NEW ALARM PERMIT**
 - FIRST YEAR - \$30.00
- ALARM PERMIT RENEWAL**
 - RENEWAL - \$30.00 EVERY 3 YEARS

Office Use Only:

Receipt Date: _____

Receipt #: _____

Total: _____

I CERTIFY THAT I AM AWARE THIS PERMIT MUST BE RENEWED WITHIN 3 YEARS OF THIS APPLICATION

SIGNATURE _____

DATE _____

