



ALEXANDRIA POLICE DEPARTMENT ALARM BUSINESS PERMIT APPLICATION



INSTRUCTIONS: You must fill out this application and mail to Alexandria Police Department, Alarm/Permit Section, 1000 Bolton Alexandria, LA 71301 or bring to police headquarters at 1000 Bolton Avenue, Alexandria, Louisiana.

PLEASE PRINT OR TYPE

Name of Business: _____

Representative applying: _____
(Last) (First) (MI) (Title)

Physical Address: _____
(Suite Number & Name) (Zip Code)

Mailing Address: _____
(P.O. Box, Street Number & Name) (Zip Code)

Telephone Number: _____ / _____ State License Number: _____
Home Work

Name of Business Monitoring for Alarm Company: _____

Contact Person: _____

Physical Address of Monitoring Company: _____
(Suite Number and Name) (Zip Code)

Mailing Address of Monitoring Company: _____
(P.O. Box, Street Number & Name) (Zip Code)

Telephone Number: _____

Signature of Applicant: _____