



ALARM USER PERMIT APPLICATION

City of Scottsdale
Business Services
Telephone: (480) 312-7400

Office Use Only
Permit # _____
Fee: \$10.00
Initials: _____
Check #: _____

1. Alarm User or Business Name:

Residential: _____

or

Doing Business as DBA, (Name on Signage): _____

Legal Name: _____

2. Service Address: _____ Scottsdale, AZ Zip Code: _____

3. Mailing Address (If different than above): _____

City: _____ State: _____ Zip Code: _____

4. Phone 1: () _____ - _____ Phone 2: () _____ - _____

E-Mail: _____ (By providing an email address you may receive alarm notifications via email.)

5. Additional Alarm User Contact Name (not required):

Name: _____ Phone: () _____ - _____

6. Alarm Monitoring Co: _____ Phone: () _____ - _____

7. Type of Alarm System (check all that apply): Burglar _____ Fire _____ Medical _____ Panic _____

8. New Alarm System? Yes _____ No _____

To Applicant: For an overview of Alarm User responsibilities, visit www.Scottsdaleaz.gov/licenses/alarms
Information on this application may be shared with your alarm service provider.

The above information is accurate to the best of my knowledge. I also accept complete responsibility of all charges, and/or fees accrued by my alarm system in accordance with the City of Scottsdale Alarm Ordinance.

Applicant Signature: _____ Date: ____/____/____

Email application to:
alarmcto@scottsdaleaz.gov

A permit number will be emailed with a link to pay the \$10.00 fee online by credit card.

or

Mail application and payment to:
City of Scottsdale
P.O. Box 1586
Scottsdale AZ 85252-1586

Make checks payable to:
City of Scottsdale