

**MAIL TO:**

**The City of Moore, City Clerk's Office**  
301 N. Broadway Moore, OK 73160  
Phone (405) 793-5020 Fax: (405) 793-5025

**Alarm Permit / Business Identification Program**

Name of Resident/Business \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Corporate Office (if different from above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Emergency Contact Information**

List at least 2 people other than yourself at two different addresses; be sure to put in complete address

1<sup>ST</sup> Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

2<sup>ND</sup> Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

3<sup>RD</sup> Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Guard Dog on Premises/ Other Comments \_\_\_\_\_

ALARM SYSTEM YES / NO ( IF YES, THE ALARM INFORMATION BELOW MUST BE COMPLETED)

**Alarm Information**

A one-time permit fee of \$25.00 must be submitted with this application.  
Please make checks payable to the CITY OF MOORE

Alarm Company Name \_\_\_\_\_ State License # \_\_\_\_\_  
Alarm Company Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Date Of Installation \_\_\_\_\_  
Type/Coverage of Alarm \_\_\_\_\_  
(Example : Burglar, Motion Sensors, Fire, Smoke Detector)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ BID # \_\_\_\_\_  
Approval of City Clerk \_\_\_\_\_ Date \_\_\_\_\_ Map Page \_\_\_\_\_  
Approval of 9-1-1 Dir. \_\_\_\_\_ Date \_\_\_\_\_ Payment \_\_\_\_\_  
CK# / Cash \_\_\_\_\_