



# WINNIPEG POLICE SERVICE ALARM PERMIT APPLICATION

(PLEASE PRINT LEGIBLY)

REGISTERED COMPANY NAME							
NAME OF OCCUPANT (ONE PER PREMISE)				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH		
					YEAR	MONTH	DAY
ADDRESS OF PROTECTED PREMISE							
POSTAL CODE		PHONE NUMBER		EMAIL ADDRESS			
<input type="checkbox"/> RESIDENTIAL \$25.00		<input type="checkbox"/> MONITORED <input type="checkbox"/> AUDIBLE		<input type="checkbox"/> BURGLAR		<input type="checkbox"/> DISTRESS	
<input type="checkbox"/> COMMERCIAL 35.00		<input type="checkbox"/> MONITORED <input type="checkbox"/> AUDIBLE		<input type="checkbox"/> BURGLAR		<input type="checkbox"/> DISTRESS <input type="checkbox"/> HOLD UP	
MONITORING COMPANY NAME					PHONE NUMBER		
INSTALLING COMPANY NAME					PHONE NUMBER		
<b>AUDIBLE SYSTEMS (NOT MONITORED) - (TWO KEYHOLDER NAMES REQUIRED) - CANNOT RESIDE AT PROTECTED PREMISE</b>							
KEYHOLDER NAME					HOME PHONE		
					BUSINESS PHONE		
KEYHOLDER NAME					HOME PHONE		
					BUSINESS PHONE		
<p align="center"><b>I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE</b></p>							
_____					_____		
(APPLICANT'S NAME - PRINT)					SIGNATURE		

## DISPLAY ALARM PERMIT DECAL IN A LOCATION VISIBLE TO POLICE

IN ACCORDANCE WITH THE CITY OF WINNIPEG BYLAW 4676/87 AND SUBJECT TO ALL PROVISIONS AND REGULATIONS STATED THEREIN, INCLUDING SUSPENSION OR TERMINATION, THIS PERMIT AUTHORIZES THE USE OF THE ALARM SYSTEM AS DESCRIBED IN THE APPLICATION ABOVE.

_____		PERMIT NUMBER
CHIEF OF POLICE	ALARM CO-ORDINATOR	RENEWAL DATE

**\*\* FORWARD COPIES OF THE COMPLETED ALARM PERMIT APPLICATION FORM ALONG WITH PAYMENT TO THE WINNIPEG POLICE SERVICE, P.O. BOX 1639, WINNIPEG, MANITOBA, R3C2Z6, OR ATTEND YOUR NEAREST POLICE STATION. CHEQUES ARE TO BE MADE PAYABLE TO THE CITY OF WINNIPEG, AND MUST ACCOMPANY THIS APPLICATION. DO NOT MAIL CASH, A DISHONORED CHEQUE INVALIDATES PAYMENT AND A \$25.00 SURCHARGE (SUBJECT TO CHANGE) WILL BE ADDED TO THE FEE.**

VISA     MASTERCARD     AMERICAN EXPRESS

CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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