Alarm System Permit Application
City of LaGrange
PO Box 430   LaGrange, GA 30241-0430

This application is for a (check one):

☐ Business  ☐ Residence

Please print legibly and use black ink

Boxes indicated with an * are required fields. Incomplete or illegible applications cannot be processed.

1. Alarm User information (Alarm Location)
   * Last Name
   * First Name
   * Middle Initial

   * If a business location, provide Business Trade Name and Corporate Ownership information

   * Street Number  Street Name  Email Address

   * Apt/Suite #  *City/Town  *State  *Zip Code

   * Home Phone  *Work Phone  *Cell Phone

2. Mailing Address (if different from the Alarm Location)
   Street Number  Street Name

   Apt/Suite #  City/Town  State  Zip Code

3. List two (2) people to contact in the event of an alarm (who can respond within 30 minutes)
   * Last Name # 1
   * First Name

   * Home Phone  *Work Phone  *Cell Phone / Pager Number

   * Last Name # 2
   * First Name

   * Home Phone  *Work Phone  *Cell Phone / Pager Number

4. Alarm Company Information
   * Company Name
   * Phone Number

5. Monitoring Company Information (If different from Alarm Company)
   * Company Name
   * Phone Number

6. Special Conditions at location (i.e., watch dog, disabled persons, etc.)
If you have an alarm system in the City of LaGrange, it must be registered. Auto alarms are excluded. If police or fire personnel respond to an unregistered alarm, the owner may be fined $100. The first alarm activation at each registered alarm location is non-chargeable each month however a fine in the amount of $50.00 for the second and subsequent activations on a month basis may be imposed. If fines are not paid or in the case where the alarm user has eight (8) or more false alarms within a twelve (12) month period the LaGrange Police Department and/or Fire Department may suspend response.

SOME THINGS YOU SHOULD KNOW

- Complete the application below and submit by mail or fax and obtain a permit before you operate your alarm system; failure to do so may result in a $100 fine. Alarm permits are transferable.
- Changes in permit information must be submitted in writing within 30 days.
- Audible alarms that sound for more than 15 minutes may result in a $100 fine.

AVOIDING FINES

Most alarms can be easily prevented by following these guidelines:

- Make sure all alarm users and key holders are trained to use the system, and know the code to arm and disarm the system, including how to cancel a false alarm.
- Be sure doors and windows are properly closed and locked before arming the system. Unsecured doors and windows are easily jarred, resulting in false alarms.
- Be sure motion sensors are adjusted correctly, especially if you have pets.
- Have an arming delay of at least 60 seconds and arrange with your alarm company NOT to call the police if the system goes off immediately after it has been armed. Frequently, people take too long to exit the premises, or set the system off by re-entering.
- If your alarm system is easily set off by thunderstorms or power outages, have it repaired or adjusted.
- Periodically check the batteries and test your alarm system.
- Read and follow the instructions in your operator’s manual.

Call (706) 883-2648 or contact your alarm company, if you have any questions.

CLIP AND MAIL

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CITY OF LAGRANGE
ALARM PERMIT APPLICATION

Applicant’s Name (or Business Name) __________________________________________________________________
Alarm Location Address (include Apt/Suite) ________________________________________________Zip Code______
Phone Number (Home) _______________ (Work) ________________Driver’s License # ______________ State_____
Mailing Address (If Different) _____________________________________________________________Zip Code______
Alarm Site:  ☐ Residence  ☐ Non-Residence / Business

Alarm Company Name _______________________________________________________________________________

List below two (2) people with keys to your building and a working knowledge of your alarm system that could respond within twenty five (25) minutes to assist the police in resetting your alarm.

Name ___________________________________________  Phone (H) ______________ (W) ______________
Name ___________________________________________  Phone (H) ______________ (W) ______________

Mail to:  City of LaGrange Alarm Tracking and Billing, PO Box 430, LaGrange, GA  30241-0430

Please complete this form and return it immediately. Violations for failure to register; and violations for installing, maintaining, or using an audible system with a continual sound for more than 15 minutes may be enforced through the assessment of civil penalties in the amount of $100.00.