



# COOKEVILLE POLICE DEPARTMENT

Cookeville Police Department  
10 East Broad Street, PO Box 849  
Cookeville, TN 38503-0849  
Phone: (931) 526-2125  
Fax: (931) 528-9368

CPD7013

## Alarm Permit Application

06-27-97

White=CPD Yellow =Permit Owner

Alarm Location

Please fill in the following information concerning the location of your alarm system:

Business Name/Owner of Residence: \_\_\_\_\_

Business Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

If you would like your statements sent to an address other than the one listed above, please indicate it below:

Mailing Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Emergency Numbers

Please list the names and telephone numbers of at least three people who could assist the police in building inspection in case your alarm is activated. These numbers could include pagers, cellular phones, work and/or home:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Alarm Company

If you have an alarm monitoring company, please list the name of the company and the telephone number:

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Signatures

\*\*\* Please Note \*\*\*

Any changes in the above information must be reported to the Cookeville Police Department within ten (10) days of these changes. You may notify us by phone or mail to the attention of the Support Services Division. Failure to comply could result in your permit being revoked.

Today's Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Approved: \_\_\_\_\_

Chief of Police or Designee