



City of Blaine
**ALARM SYSTEM PERMIT
 REGISTRATION**
 Residential Property

Please print or type

Date: _____

ALARM USER	Owner #1 Full Name (Last, First Middle)		Owner #2 Full Name (Last, First Middle)		
	Street Address			Unit #	
	City and Zip Code	Home Phone	Business Phone or Cell #	Date of Occupancy	
	Name & Phone # of 24 Hr. Monitoring Station				

ALARM SYSTEM	Alarm System Type(s)		Date of Activation	Is this alarm system Monitored?	
	Police	Fire	Both	Yes	No
	Did you assume alarm system from previous owner			Alarm Service Company Name	
Yes			No		

ALTERNATE KEY HOLDERS (Person(s) authorized to respond to home when you are not there)

Full Name – Key Holder #1 Phone Number

Full Name – Key Holder #2 Phone Number

Payment Information: If paying by check, please make it out to City of Blaine. Payment by Mastercard or Visa is also available. **The fee is \$10 and is good for as long as you own the system.** See Below. Questions? Please call 785-6186. Mail this and payment to: Blaine Police Department 10801 Town Square Dr NE Blaine MN 55449

Data Privacy Warning: In accordance with the Minnesota Government Data Practices Act, the City of Blaine hereby informs you that the following information requested is private. Private data is available to you and to City staff who require it to perform their duties, but not to the public. You may choose to with hold the data, however, the City's staff may not be able to complete the registration and/or provide you with updated information

Mastercard Visa Expiration Date: /

- - -

Signature: _____ Date: _____