



**City of Hastings
Police Department**

150 3rd Street East, Hastings, Minnesota 55033-1989
Phone: (651) 480-2300 Fax: (651) 437-1206
Email: hpd@hastingsmn.gov

SUBSCRIBER ALARM PERMIT RENEWAL APPLICATION

OFFICE USE ONLY

Date received: _____ Received by: _____ Date entered: _____
Permit number assigned: _____ Permit and follow up letter sent: _____

SUBSCRIBER INFORMATION

Alarm Owner Name _____ Home Phone _____ Cell Phone _____
Address _____ Work Phone _____ Email Address _____
City _____ State _____ Zip _____

ALARM LOCATION (If different than above) ___ NO CHANGE

Resident Name _____ Home Phone _____ Cell Phone _____
Address _____ Work Phone _____ Email Address _____
City _____ State _____ Zip _____

ALARM COMPANY/MONITORING SERVICE ___ NO CHANGE

***** ALARM TYPE ___ NO CHANGE**

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

Police _____ **Fire** _____
____ Burglary/Intrusion _____ Fire/heat
____ Hold up _____ Sprinkler
____ Medical _____ Other

DATE ALARM SYSTEM WAS PUT INTO SERVICE _____ ___ NO CHANGE

ALARM BRAND NAME _____ ___ NO CHANGE

LOCATION OF ALARM PANEL WITHIN BUILDING _____ ___ NO CHANGE

*** Note: Alarms that are not monitored by an alarm monitoring service (i.e. residential smoke and/or carbon monoxide alarms) are not subject for alarm registration.

KEYHOLDER LIST ___ NO CHANGE

List all persons (other than the applicant) who will respond to an alarm activation within 30 minutes to assist the Police or Fire Department in determining the cause of the alarm activation and/or to secure the premises.

	Primary Phone	Secondary Phone	Email	Name
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Applicant Signature _____

Date _____

Return completed application via U.S. Mail to:
Attn: Alarm Permit Coordinator
Hastings Police Department
150 3rd Street East
Hastings MN 55033-1989

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FAX: (651) 437-1206
Email: HPD@hastingsmn.gov