



City of Watertown

Alarm System Application

ALARM USER

(Business Name)

(Address)

(Telephone Number)

(Owner/Manager Name)

(Address)

(Telephone Number)

(Email Address)

KEYHOLDER INFORMATION:

1.) _____
(Name)

(Address)

(Telephone Number)

2.) _____
(Name)

(Address)

(Telephone Number)

3.) _____
(Name)

(Address)

(Telephone Number)

4.) _____
(Name)

(Address)

(Telephone Number)

KEYHOLDER MUST BE ABLE TO RESPOND WITHIN 30 MINUTES.

ALARM COMPANY:

(Alarm Company Name)

(Company Address)

(Telephone Number)

The undersigned, Alarm User, acknowledges that he/she is responsible for the prompt payment of any and all response fees as set forth in Section 4.c of Watertown municipal Ordinance #9.19. I understand that the City of Watertown may place said response fees on the Alarm User's tax roll if not paid, pursuant to §66.60(16), Wis. Stats.

Signature: _____

Permit Fee: \$15.00

For use by City Treasurer's Office

Permit fee Receipt #: _____ Date Received: _____