City of Paducah Finance Department PO Box 2267 Paducah, KY 42002

Permit #:

APPLICATION FOR ALARM PERMIT

\$25.00 FEE FOR 1-YEAR PERMIT

INSTRUCTIONS: Print legibly or type. Complete all spaces on this application. Attach payment due from invoice and a copy of the invoice and return to the City of Paducah at the address listed above.

ALARMED	LOCATION			
Occupant Nam	e or Business Name		Email Address	
Business Owner/Manager (if applicable)				
Full Street A	ddress		Suite/Apt. #	
City	State Zip	Phone #1	Phone #2	
BILLING ADDRESS (if different than Alarmed Location)				
Name			Email Address	
Business Owner/Manager (if applicable)				
Full Street A	ddress		Suite/Apt. #	
City	State Zip	Phone #1	Phone #2	
MONITOR	ED BY			
Alarm Compa	any Name		Phone #	
For more information regarding security and fire alarms rules and regulations, please refer to the City of Paducah Code of Ordinances, Article III, Chapter 38.				
Signature_		I	Date	
**If information provided in application changes please notify the Records Manager within ten (10)				

^{**}If information provided in application changes please notify the Records Manager within ten (10) working days.**