



NEW ALARM PERMIT APPLICATION

UPDATE CALL-OUT LIST

Mount Vernon Police Department strives to provide the best service possible. As first responders, we must know who to contact in case of an after-hours occurrence at your home or business. Please complete each line on both sides of the application.

PLEASE TYPE OR PRINT LEGIBLY

DATE _____

CALL OUT – ALARM PERMIT FOR: RESIDENCE BUSINESS

OWNER _____
(LAST) (FIRST) (MIDDLE INITIAL) (DATE OF BIRTH)

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ BUSINESS HOURS _____

ALARM COMPANY NAME _____
(IF APPLICABLE)

ALARM COMPANY PHONE NUMBER _____
(IF APPLICABLE)

MOUNT VERNON CITY ALARM PERMIT NUMBER _____ MA-
(IF APPLICABLE)

CALL OUT INFORMATION

Please list names in preferred order of callout. Names listed may be called at any time, must have access to the building and must be able to respond day or night. All information requested is required and will be used by the Mount Vernon Police Department

1 st Call Out	_____	_____	_____
	Last Name	First Name	Middle Initial
Home Phone	_____	Work Phone	_____
		Cell Phone	_____
Home Address	_____	Work Address	_____
	_____		_____
Date of Birth	_____	Driver's License No.	_____
		State	_____

2 nd Call Out	_____	_____	_____
	Last Name	First Name	Middle Initial
Home Phone	_____	Work Phone	_____
		Cell Phone	_____
Home Address	_____	Work Address	_____
	_____		_____
Date of Birth	_____	Driver's License No.	_____
		State	_____

3 rd Call Out	_____	_____	_____
	Last Name	First Name	Middle Initial
Home Phone	_____	Work Phone	_____
		Cell Phone	_____
Home Address	_____	Work Address	_____
	_____		_____
Date of Birth	_____	Driver's License No.	_____
		State	_____

PLEASE COMPLETE AND SEND TO THE MOUNT VERNON POLICE DEPARTMENT

You may also email the completed documents to: Burglaralarms@mountvernonwa.gov

If you have any questions contact Sergeant Brent Thompson or the Receptionist at (360) 336-6271