

**SHELBYVILLE POLICE DEPARTMENT
109 LANE PARKWAY
SHELBYVILLE, TN 37160**

APPLICATION FOR BURGLARY/ROBBERY ALARM PERMIT

DATE OF APPLICATION _____

BUSINESS OR RESIDENCE NAME _____

OWNER/OFFICER _____

ADDRESS _____

PHONE # _____

ALARM PROVIDER (NAME, ADDRESS, PHONE) _____

ALARM TYPE Burglary _____ Robbery _____ Fire _____ Medical _____ Other _____

FAILURE TO SUPPLY REQUIRED INFORMATION MAY RESULT IN ADDITIONAL FINES & PENALTIES.

In case of an alarm, police are to notify one of the persons listed below:

Primary Contact _____

Address _____

Telephone _____

Secondary Contact _____

Address _____

Telephone _____

Third Contact _____

Address _____

Telephone _____

Fee _____

Paid _____

Ca/Ck _____

Date _____

Owner/Manager

Internal Use Only
Updated Internal Records _____
Date _____

**Any change to above information must be
submitted within ten (10) business days.**