

# PINAL COUNTY ALARM PERMIT RENEWAL / CANCELLATION FORM

Permit # \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ RENEW PERMIT:  
NO CHANGES / CHANGES: PLEASE UPDATE BELOW

\_\_\_\_\_ CANCEL PERMIT:  
SYSTEM REMOVED / SOLD HOME / MOVED  
*Sign and Date below and mail back*

<b>Primary Alarm Owner/User &amp; Location Information</b>			
Mailing Address <small>(If different from Alarm Address)</small>			
Home Phone		Cell Phone	
E-mail <small>(For Electronic Billing)</small>			

<b>Alternate Contacts</b>			
<small>Who you would like us to contact in the event of an alarm call, other than owner?</small>			
Contact #1 Name		Contact Phone # 1	
Contact #1 Position/Relation <small>Has Key / Code</small>		Contact Phone # 2	
Contact #2 Name		Contact Phone # 1	
Contact #2 Position/Relation <small>Has Key / Code</small>		Contact Phone # 2	

<b>Alarm Monitoring Company</b>			
Name		Phone	

COMMENTS: GUNS/ CHILDREN/ DOGS/ LOCKED GATES/ HAZARDS: (ANSWER BELOW)

\_\_\_\_\_

\_\_\_\_\_

<p>Would you prefer to be billed electronically? (Please circle answer) <span style="float: right;">YES / NO</span></p> <p>If yes, please fill in E-Mail address above.</p> <p>Amount Paid \$ _____ Check/Money Order/Online Payment ID #: _____</p>
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\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**