



Burglar Alarm Permit Request

Date of Request

Street Address where Alarm System Installed
Must be within City Limits of Cedar Rapids

Billing Address, if different from Above

Name of Responsible Party

Responsible Party Phone Number

Responsible Party E-mail Address

Name of Alarm Monitoring Company

Date Alarm System Activated

Request Submitted By

Contact E-mail or Phone Number if Different from Above

Additional Pertinent Information

Return Completed Form to:

alarms@cedar-rapids.org

Fax: 319-409-8092

or mail to:

Attn: AR Program Manager
City of Cedar Rapids Finance Dept
PO Box 2148
Cedar Rapids IA 52406-2148

Internal Use Only:

Customer ID: _____

Permit #: _____

Initials: _____