



# LINCOLN COUNTY PLANNING DEPARTMENT

## Alarm Permit Application

### Section 1 - Alarm Location & Type Information

Alarm Physical Address:	Apt./Suite	Phone Number at Alarm:	Your Mailing Address:
Type of Alarm, Check all that apply: <input type="checkbox"/> Hold Up <input type="checkbox"/> Intrusion <input type="checkbox"/> Trouble <input type="checkbox"/> Fire <input type="checkbox"/> Other		Responder Safety Information: <i>(Hazardous Materials, Fire Arms, Etc.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Kind of Alarm(s) do you have? <input type="checkbox"/> Direct Connect <input type="checkbox"/> Dialer <input type="checkbox"/> Central Station <input type="checkbox"/> Audible		If yes, describe:	

### Section 2 - Business or Resident Information

<b>Business Alarm Information</b> (If your alarm is located at a business, fill out the next 2 lines)		
Business:	Business Phone:	Business Phone Secondary:
Owner/Local Agent Name:	Mailing Address:	Home Phone:
<b>Residential Alarm Information</b> (If your alarm is located at a residence, fill out the next line)		
Resident(s) Name:	Contact Numbers:	

### Section 3 - Persons to be notified when alarm sounds *(We will contact in order shown)*

Name:	Day Contact Number:	Alternate/Cell Number:
Name:	Day Contact Number:	Alternate/Cell Number:
Name:	Day Contact Number:	Alternate/Cell Number:
Name:	Day Contact Number:	Alternate/Cell Number:

### Section 4 - Alarm Company / Central Station Information

Alarm Company Name:	Alarm Company Contact:	
Alarm Company Address:	Business Phone:	24 hr. Contact Phone:
Central Station Company Name <i>(If alarm is central station type)</i> :		

### Section 5 - Owner / Agent Agreement

This application is made by me with the understanding and agreement that I will abide by all provisions of the Lincoln County Alarm Ordinance. I understand that failure to comply may result in termination of my alarm permit, as provided by law.	
Signature of Owner / Agent: _____	Date: _____

### *County of Lincoln Use Only*

Date Application Received:	Date Payment Received:	Approved By:	Date:
Permit Number Issued:	Date SO Notified:	SO Computer Entry Date:	Planning Computer Entry Date:

**Make a \$25.00 check or money order payable to County of Lincoln**  
**Mail to: 109 Kansas City Road, Ruidoso NM 88345**

Updated 9/23/2019