



Alarm Permit Application

City of Conway
 1105 Prairie Street
 Conway, Arkansas 72032

Alarm Permit #: _____

Note: This application includes a consent to search the alarmed premises for intruders. By signing below, you acknowledge that you have the right to refuse to give this consent. Please read the consent carefully before signing.

Applicant Information	
Name of Business (If Applicable):	Name of Alarm User (Primary Contact):
Street Address:	Date of Birth:
City, State, Zip:	Home Phone:
Nearest Cross Street:	Cell Phone:
Mailing Address:	Work Phone (with extension):
Mailing City, State, Zip:	Fax Number: Email Address:

Alarm Information	
Alarm Location:	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Financial <input type="checkbox"/> Government
If Residence:	<input type="checkbox"/> House <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Other:
<input type="checkbox"/> New System Installation Date:	<input type="checkbox"/> Existing System Installation Date:
<input type="checkbox"/> Audible Only-system sounds a siren/bell only	<input type="checkbox"/> Monitored Only-system signals alarm company <input type="checkbox"/> Both
Name of Alarm Monitoring Company:	24 Hour Telephone:

Additional Contact Information	
<i>List up to four persons other than those listed above who can be contacted with keys to the premises to assist police or fire department to secure the premises or reset a malfunctioning alarm.</i>	
Emergency Contact (A) Information	Emergency Contact (B) Information
Contact Name:	Contact Name:
Home Phone: Cell Phone:	Home Phone: Cell Phone:
Work Phone (with ext.):	Work Phone (with ext.):
Relationship to Applicant:	Relationship to Applicant:

Emergency Contact (C) Information	Emergency Contact (D) Information
Contact Name:	Contact Name:
Home Phone: Cell Phone:	Home Phone: Cell Phone:
Work Phone (with ext.):	Work Phone (with ext.):
Relationship	Relationship

to Applicant:

to Applicant:



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Instructions to help officers respond/search your premises: (example: gate code, previous name of business, directions, guard dog, etc.)

By signing below, I consent to the search for intruders of the alarmed premises by the Conway Police Department if the Alarm Monitoring Company listed above requests police assistance in responding to the alarm at the alarmed premises or if this is an audible only alarm, if the audible alarm is sounding. This consent shall remain in effect while the alarm permit is in effect.

Authorized Signature: _____

Date: _____



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CONSENT TO SEARCH AND WAIVER OF RIGHT TO REFUSE TO GIVE CONSENT

By signing below, I consent to the search of the alarmed premises by the Conway Police Department for intruders if the Alarm Monitoring Company requests police assistance in responding to the alarm at the alarmed premises or, if this is an 'audible-only' alarm, if the audible alarm is sounding. This consent shall remain in effect while the permit is in effect. **BY SIGNING BELOW I ACKNOWLEDGE THAT I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO GIVE THIS CONSENT.**

1. ___ I understand that under the Arkansas and United States Constitutions, I have a legally protected right against a warrantless entry or search of my home. I understand this right to mean that law enforcement personnel may not enter or search my home without a warrant or exigent circumstances.
2. ___ I understand that **I have a right to refuse this request** for consent to search my premises.
3. ___ I waive for myself and for all others living in my home, this Constitutional right against a warrantless entry or search of my home.
4. ___ I consent and authorize members of the Conway Police Department to, in my absence, enter or search my home in for intruders if the Alarm Monitoring Company requests police assistance in responding to the alarm at the alarmed premises or, if this is an 'audible-only' alarm, if the audible alarm is sounding.
5. ___ I understand that I may terminate this Waiver and Consent at any time by simply notifying the Conway Police Department in writing.

Start Date: _____

End Date: _____

Signed: _____ Date: _____

Mail completed application to: Conway Police Department, 1105 Prairie St., Conway, AR 72032

(501) 450-6120