

Alarm Permit Application

CITY OF ALTON, ILLINOIS

Department of Code Enforcement

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DATE:		
OWNER:		
ADDRESS:	PHONE #:	
CONTRACTOR:		
ADDRESS:	PHONE #:	
RESIDENTAL ALARM		
COMMERICAL ALARM		
FIRE ALARM * REQUIRES PLANS TO BE SENT TO THE FIRE	DEPARTMENT	
	ion that the said work shall, in all respects, conformay be revoked at any time upon the violations of a	·
SIGNATURE:	DATE:	
APPROVED BY:	DATE:	FEE: