

# CITY OF MOSINEE

## ALARM SYSTEM PERMIT APPLICATION

Return to:  
Mosinee Police Dept  
225 Main Street  
Mosinee, WI 54455

Annual Fee: (check one)

☐ Business: \$50.00

☐ Residence: \$25.00

Business Name \_\_\_\_\_

Applicant \_\_\_\_\_

Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Alarm Location \_\_\_\_\_, Mosinee, WI.

Alarm Installer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Business Type \_\_\_\_\_

☐ Residence:    ☐ Single Family    ☐ Multi Family

☐ Special Hazards (entrances, exits, animals, persons on premises,  
dangerous substances)

**A key holder must respond within a reasonable period of time.**

**Maximum time for a key holder to respond:** \_\_\_\_\_

Owner/ Key holder: Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the above information is correct. I have received a copy of the City of Mosinee Ordinances pertaining to alarms. I understand that any permit issued from this application may be revoked under the provisions of the Ordinances. I understand that all permits expire on December 31 of the year of issuance.

Signature \_\_\_\_\_ Date \_\_\_\_\_