



**City of Hastings  
Police Department**

150 3<sup>rd</sup> Street East, Hastings, Minnesota 55033-1989  
Phone: (651) 480-2300 Fax: (651) 437-1206  
Email: [hpdc@ci.hastings.mn.us](mailto:hpdc@ci.hastings.mn.us)

**SUBSCRIBER ALARM PERMIT APPLICATION**

**OFFICE USE ONLY**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date entered: \_\_\_\_\_  
Permit number assigned: \_\_\_\_\_ Permit and follow up letter sent: \_\_\_\_\_

**SUBSCRIBER INFORMATION**

Alarm Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ALARM LOCATION (If different than above)**

Resident Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ALARM COMPANY/MONITORING SERVICE**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*\* ALARM TYPE**

**Police** \_\_\_\_\_ **Fire** \_\_\_\_\_  
\_\_\_\_\_ Burglary/Intrusion \_\_\_\_\_ Fire/heat  
\_\_\_\_\_ Hold up \_\_\_\_\_ Sprinkler  
\_\_\_\_\_ Medical \_\_\_\_\_ Other

**DATE ALARM SYSTEM WAS PUT INTO SERVICE** \_\_\_\_\_ **ALARM BRAND NAME** \_\_\_\_\_

**LOCATION OF ALARM PANEL WITHIN BUILDING** \_\_\_\_\_

\*\*\* Note: Alarms that are not monitored by an alarm monitoring service (i.e. residential smoke and/or carbon monoxide alarms) are not subject for alarm registration.

**KEYHOLDER LIST**

List all persons (other than the applicant) who will respond to an alarm activation within 30 minutes to assist the Police or Fire Department in determining the cause of the alarm activation and/or to secure the premises.

	Primary Phone	Secondary Phone	Email	Name
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Return completed application via U.S. Mail to:  
Attn: Alarm Permit Coordinator  
Hastings Police Department  
150 3<sup>rd</sup> Street East  
Hastings MN 55033-1989

Return completed application via fax or email to  
Attn: Alarm Permit Coordinator  
FAX: (651) 437-1206  
Email: [HPD@ci.hastings.mn.us](mailto:HPD@ci.hastings.mn.us)