

ALARM AGENT PERMIT APPLICATION

LA CROSSE POLICE DEPARTMENT

July 1, 2025 through June 30, 2026

FEE

\$12

AGENT INFORMATION		FULL NAME (FIRST, MIDDLE, LAST)				
ADDRESS			PHONE NUMBER		WORK PHONE	
DATE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	DRIVERS LICENSE #	
CRIMINAL HISTORY		LIST ALL CRIMINAL CONVICTIONS EXCEPT MINOR TRAFFIC. USE BACK OF SHEET IF NECESSARY				
OFFENSE		LOCATION OF OFFENSE		DATE OF OFFENSE		
ALARM BUSINESS INFORMATION						
EMPLOYING BUSINESS NAME			OWNER/MANAGER NAME			
ADDRESS			WORK PHONE			
CERTIFICATION OF INFORMATION						
<i>I, the undersigned, certify that the above information is true and correct to the best of my knowledge. I have reviewed relevant ordinances, including 14-58, and agree to comply with all sections and provisions set forth therein.</i>						
Signature of Applicant, Title/Position				Date Signed		
PAYMENT MUST ACCOMPANY APPLICATION. MAKE CHECKS PAYABLE TO CITY TREASURER.						
MAIL TO:						
LA CROSSE POLICE DEPT						
ATTN: ALARM COORDINATOR						
400 LA CROSSE ST						
LA CROSSE WI 54601						
FOR POLICE RECORDS USE ONLY.						
() Background Completed by _____ Date _____						
Comments:						