

BUSINESS ALARM USER PERMIT APPLICATION

LA CROSSE POLICE DEPARTMENT

July 1, 2025 through June 30, 2026

FEE

\$12

ALARM LOCATION	BUSINESS NAME	WORK PHONE
BUSINESS ADDRESS	EMAIL ADDRESS	
APPLICANT'S NAME	ADDRESS	PHONE
ALARM TYPE	() INTRUSION () HOLDUP	
ALARM DATA: () AUDIBLE () VISUAL () MONITORING SERVICE _____		
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 Alarm User Permit Applicant		_____ 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		