

RESIDENTIAL ALARM USER PERMIT APPLICATION		FEE
LA CROSSE POLICE DEPARTMENT <i>July 1, 2025 through June 30, 2026</i>		\$6
If you are OVER 65 years old, you are still required to fill this form out and turn it in, but you do NOT have to pay a fee.		NO FEE Over age 65 FREE
RESIDENT'S NAME	DATE OF BIRTH	
ADDRESS	PHONE NUMBER	
EMAIL ADDRESS		
HOMEOWNER <u>IF DIFFERENT</u> THAN ABOVE NAME: ADDRESS: PHONE:		
ALARM TYPE	(<input type="checkbox"/>) INTRUSION (<input type="checkbox"/>) HOLDUP	
ALARM DATA: (<input type="checkbox"/>) AUDIBLE (<input type="checkbox"/>) VISUAL (<input type="checkbox"/>) 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		