

RESIDENTIAL ALARM USER PERMIT APPLICATION

LA CROSSE POLICE DEPARTMENT

July 1, 2025 through June 30, 2026

NO FEE

Over age 65

FREE

RESIDENT'S NAME

DATE OF BIRTH

ADDRESS

HOME PHONE

HOMEOWNER IF DIFFERENT THAN ABOVE

NAME:

ADDRESS:

PHONE:

EMAIL ADDRESS

ALARM TYPE

INTRUSION HOLDUP

ALARM DATA: AUDIBLE VISUAL MONITORING SERVICE _____

CERTIFICATION OF INFORMATION

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.

Signature of Alarm User Permit Applicant

Date Signed

MAIL TO:

LA CROSSE POLICE DEPT

ATTN: ALARM COORDINATOR

400 LA CROSSE ST

LA CROSSE WI 54601