

RESIDENTIAL ALARM USER PERMIT APPLICATION

LA CROSSE POLICE DEPARTMENT

July 1, 2026 through June 30, 2027

FEE

\$6

RESIDENT'S NAME

DATE OF BIRTH

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

HOMEOWNER IF DIFFERENT THAN ABOVE

NAME:

ADDRESS:

PHONE:

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

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