



City of Nekoosa
951 Market Street
Nekoosa, WI 54457
715.886.7877 - City Clerk
715.886.7901 - Fax

Alarm Permit Application

Per §12.11 Nekoosa Municipal Code

Alarmed Property Address: _____

Business Name (if applicable): _____

Permit Holder Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Type of alarm: *Central Answering System* *On-Premise*

Alarm company service:

Name: _____

Address: _____

Phone: _____

Brief description of area(s) to be alarmed:

Person approving application: _____ Date: _____

\$10 Fee collected: *Yes* *No*

Informed of False Alarm Ordinance?: *Yes* *No*