



## ALARM PERMIT APPLICATION

*Payment may be made by cash or check only. Please make all checks payable to: City of New Berlin*

### ◆ Application Type – Please check all licenses applying for

Type of Alarm: Residential  Commercial

Fees: \$50 – Residential \$100 – Commercial

### ◆ Alarm Location Information – Please print legibly

Name OR Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### ◆ Alarm System – Check all that apply

◆ Silent  Visual  Audible  Panic Button

◆ Hold-Up  Burglar Fire  Health Emergency

◆ Motion Detectors  Windows  Door Contacts

◆ Local Only  Alarm Company Monitor  Combination

Check all that apply:  Video Surveillance Cameras  Floor Plan Available  Coded Access Available

### Alarm System Service:

Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### ◆ Alarm System Information – Check all that apply

Is the system equipped with functional battery back-up in case of power failure? Yes  No

If local system, as defined in Sec. 152-15 (C)(3) of City Code, is it equipped with an automatic shut-off? Yes  No

Continued the back 

Will you assure that a key holder arrives at location of alarm within 30 minutes after Police or Fire Department has been notified that alarm has been activated?      Yes       No

If this system incorporated automatic telephone dialer, will you ensure that this automatic dialer does not select a municipal emergency service trunk line going into a municipal building?      Yes       No

**(Permit Will Not Be Issued Unless All 4 Above-Questions Have Been Answered Yes)**

If you have video surveillance cameras on your property, please consider completing the Community Camera Program Survey on our website: [www.newberlinwi.gov](http://www.newberlinwi.gov) (Police Department / Community Camera Program). The ability to access video information is an extremely useful investigatory tool. Information provided to our department from your camera system will be for official use only. Your information will remain confidential and will not be distributed, except as required by law or court order.

**♦ Applicant Signature – Please read and sign**

I have read Sec. 152-15 of the New Berlin Municipal Code relating to Alarm Systems and False Alarms and agree to comply with all of the provisions set forth in this section.

My Alarm System meets all requirements of Sec. 152-15 of the New Berlin Municipal Code.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Approved by _____ Date _____
License # _____ Date sent to Police Department _____



# New Berlin Public Safety Emergency Contact Form



16300 W. National Avenue  
New Berlin, WI 53151  
Fire Records Division: (262)785-6120  
Police Records Division: 262-780-8149  
Email: [emergencycontactinfo@newberlinwi.gov](mailto:emergencycontactinfo@newberlinwi.gov)

In order to better assist you in the event there is an emergency situation, we ask that you complete this form. We also ask that you share a copy of your floor plan and/or hazardous material response plan (electronic or paper copy). The requested information may be returned via email or U.S. mail at the above address(es). This information will only be used for official public safety purposes. Please keep us informed of any changes.

Check this box to confirm the emergency contact information on file with New Berlin Public Safety is still up to date. (If this box is checked, please only complete the "Property Name" field & "Revision Date" field prior to submission.)

### Basic Information:

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Hours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact 1:

Name: \_\_\_\_\_

Involvement (ie: owner, manager, etc):  
\_\_\_\_\_

Keyholder  Yes  No

Afterhours Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Check all that apply:  External Surveillance Cameras  Floor Plan Attached  Hazmat Plan Attached

Revision Date: \_\_\_\_\_

### Emergency Contact 2:

Name: \_\_\_\_\_

Involvement (ie: owner, manager, etc.):  
\_\_\_\_\_

Keyholder  Yes  No

Afterhours Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact 3:

Name: \_\_\_\_\_

Involvement (ie: owner, manager, etc.):  
\_\_\_\_\_

Keyholder  Yes  No

Afterhours Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_