

COLUMBIA COUNTY ALARM ORDINANCE
(Required Information Worksheet)

1. Name, address, and telephone number of the owner. Date Complete:

Alarmed Property or Business Name:
Alarmed Property or Business Address:
Alarmed Property or Business City, State and Zip:
Alarmed Property or Business Phone Number:
Email:
Owner Name:
Owner Mailing Address:
Owner City, State and Zip:
Owner Phone Number:

2. Exact location of each alarm device:

Provide location of each alarm device.	
Unit 1	
Unit 2	
Unit 3	
Unit 4	
Unit 5	
Unit 6	

***Note --If space is needed for additional units, please attach a separate piece of paper.

3. Names, addresses, and telephone numbers of at least three (3) individuals who are familiar with the device, who are available at any time to deactivate the device upon request of the department, and who are authorized to assume the obligations of Sections 16.108:

Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	

4. Nature of the business or property which the device is intended to protect:

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5. Nature of acts or events which the device is intended to detect:

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ADDITIONAL INFORMATION REQUESTED (Not Required)

Number of floors in residence/business?		
Number of outbuildings on property?		
Approximate distance from adjacent roadway to residence/business?		
Are there dogs, cats, or other animals on the property? <input type="checkbox"/> Yes / <input type="checkbox"/> No (Please select one) How many? If yes, are dogs located inside or outside? <input type="checkbox"/> Inside / <input type="checkbox"/> Outside (Please select one)		
Electric Company		
Water and Sewer Company		
Phone Company		
Gas Company		
Alarm Company		

**Please draw a brief diagram of residence/business and indicate where alarms are located.

***Note --If space is needed, please attach a separate piece of paper.

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Or send via Mail to:
Columbia County Sheriff's Office
Attn: Dispatch/Alarms
P.O. Box 132
Portage, WI 53901