PINAL COUNTY ALARM PERMIT
RENEWAL / CANCELLATION FORM
PERMIT #: NAME:

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_____ RENEW PERMIT: NO CHANGES / CHANGES: PLEASE UPDATE BELOW
(CIRCLE APPROPRIATE RESPONSE)

_____ CANCEL PERMIT: SYSTEM NO LONGER IN USE / SOLD / ANNEXED / CITY OF MARICOPA (CIRCLE APPROPRIATE RESPONSE)

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_____

CELL PHONE **DAY PHONE** **NIGHT PHONE**

_____

MAILING/ BILLING ADDRESS - only If DIFFERENT then physical address

_____

1ST RESPONSIBLE PARTY (RP) NAME **ADD / DELETE**

_____

1ST RP CELL PHONE **DAY PHONE** **NIGHT PHONE**

_____

2nd RESPONSIBLE PARTY (RP) NAME **ADD / DELETE**

_____

2nd RP CELL PHONE **DAY PHONE** **NIGHT PHONE**

_____

MONITORING COMPANY - **PHONE**

_____

COMMENTS: WEAPONS/ CHILDREN/ DOGS/ LOCKED GATES/ HAZARDS:

_____

_____

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PLEASE RETURN COMPLETED FORM
WITH $10 U.S. CHECK OR MONEY ORDER TO:

PINAL COUNTY SHERIFF'S OFFICE
ATTN: ALARM UNIT
POB 867, FLORENCE, AZ 85232

IN PERSON AT:
971 N JASON LOPEZ CIRCLE BLDG #C
FLORENCE, AZ 85232

_____

SIGNATURE **DATE**