

Alarm Permit Application and Renewal

The City of Fishers maintains an alarm ordinance that requires homes and businesses with security/fire alarm systems to have an alarm permit application on file with the police department. The purpose of the permit is to accurately track contact information for the owners of these structures, help reduce the number of false fire and security alarms, and ensure that emergency alarm systems function properly. By reducing responses to false alarms, duty officers are available to respond to other calls for service.

The alarm permit is a \$30 fee for a three-year term, and is assigned to the property, so it is transferable if there are owner changes; permits are not transferable between properties. For existing permit holders, renewal applications are mailed roughly a month in advance of your expiration date. Please update the police department of any changes in contact information on the renewal form, or mid-term in the permit's life if there are ownership changes.

The police and fire department respond to every reported alarm. In order to reduce responses of false alarms, the police department requires your alarm monitoring company to use [Enhanced Call Verification](#). Learn more about the new [Enhanced Call Verification](#) requirements and fines.

The ordinance grants 3 false alarms over the previous 12 month period. If there are more than seven false alarms within that same 12 month period, you will be required to appear before the Fishers City Court Judge for fee assessment with your eighth violation. For more information, view Title XI, Chapter 111 of the [Fishers Code of Ordinances](#).

Questions?

Please Call: (317)595-3300

Total Due \$30.00 for 3 YRS
Make Checks payable to:
Fishers Police Department
Questions?
Please Call: (317)595-3300

Office Use Only
Permit # _____
Issue Date _____
Exp. Date _____

CITY OF FISHERS
ALARM PERMIT
APPLICATION AND RENEWAL

Residential Alarm

Name of Applicant(s) _____
Home Phone _____ Work _____ Cell _____
Spouse's Name _____ Cell _____
Home Address _____ Unit: _____ Zip Code _____

Business Alarm

Business: _____ Bus. Phone: _____
Address: _____ Suite: _____ Zip Code: _____
Nature of Business: _____
Normal Business Hours: _____

Alarm Information

Installed By: _____

Persons to be Notified: If Emergency Contact is necessary and homeowner or business rep is not available.

Name: _____ Home Phone _____
Address _____ Zip Code _____
Work Phone _____ Cell Phone _____

Name: _____ Home Phone _____
Address _____ Zip Code _____
Work Phone _____ Cell Phone _____

I hereby affirm under penalty of perjury that the foregoing facts contained herein are true and that the alarm system for which this permit is being applied does not violate Town of Fishers Ordinance 070589A

Signature of Applicant _____

Date _____

Mail to: Fishers Police Department
4 Municipal Drive
Fishers, IN 46038