



**CALGARY
POLICE
SERVICE**

Authorization Form

Alarm Bylaw Unit
609, 5111 – 47 Street NE
Calgary, Alberta
T3J 3R2
Tel: (403) 428-8336
Email: alarmbylaw@calgarypolice.ca

I/We, _____ permit holder _____ hereby
authorize _____ alarm agency _____ to update
permit information and make payments to the Calgary Police Service on my behalf.

Printed name of Permit Holder

Signature of Permit Holder

Date

*** NOTE:**

This authorization is only valid if used within one year from date of signature.