ALARM USER PERMIT APPLICATION

Alarm Permit #:_____

NOTE – THIS APPLICATION INCLUDES A CONSENT TO SEARCH THE ALARMED PREMISES. PLEASE READ THE CONSENT CAREFULLY BEFORE SIGNING.

1. Name of Alarm User: A) _____
   (or name of Business)

   Name of Alarm User: B) _____

2. Date of Birth: A) _____ B) _____

3. Alarm Location: ( ) Residence ( ) Business ( ) Financial ( ) Government

4. If Residence: ( ) House ( ) Condominium ( ) Apartment ( ) Other _____

5. Street Address: _____ Nearest Cross Street: _____

6. City: _____ State: _____ Zip: _____

7. Home Phone: ( )_____ Cell Phone: ( )_____ Work Phone: ( )_____

8. Mailing Address: _____

9. ( ) New System Installation Date: _____ ( ) Existing System Installation Date (If known): _____

10. ( ) Audible Only – system sounds a siren/bell only ( ) Monitored Only – system signals alarm company ( ) Both

11. Name of Alarm Monitoring Company: _____ 24hr. Telephone: _____

List two persons other than those listed on line 1 who can be contacted with keys to the premises to assist police or fire to secure the premises or reset a malfunctioning alarm.

12. Name: _____ Relationship: _____

    Home Phone: ( )_____ Work Phone: ( )_____ Cell Phone: ( )_____

13. Name: _____ Relationship: _____

    Home Phone: ( )_____ Work Phone: ( )_____ Cell Phone: ( )_____

14. Instructions to help officers respond/search your premises: (example: directions, guard dog, etc.)_____

_____

By signing below, I consent to the search of the alarmed premises by the Milwaukie Police Department if the Alarm Monitoring Company listed above requests police assistance in responding to the alarm at the alarmed premises or if this is an audible only alarm, if the audible alarm is sounding. This consent shall remain in effect while the alarm permit is in effect.

15. Authorized Signature: _____ Date: _____

Mail completed application with payment to: Milwaukie Police Department, 3200 SE Harrison St., Milwaukie OR 97222

FEE: Residential Permit Fee: $20.00 Business Permit Fee: $21.00 (503) 786-7400