| POLICE DEPT USE ONLY |
| --- |
| **PERMIT#** |
| **DATE PAID:** |
| **PAYMENT METHOD:** |
| **ISSUED DATE:** |

# ALARM PERMIT APPLICATION

Complete the portion of the application that is applicable to the alarm permit needed. Please print all information clearly and completely. Alarm permits are renewed yearly as established by the date your application is processed. If you have any questions, please call the Sandy Police Department at (503) 668-5566.

## RESIDENTIAL APPLICATION - $20 ANNUALLY – PRIMARY RESIDENT(S) AGE 65+ ARE EXEMPT FROM FEE

PERMIT HOLDER NAME: _____ DOB: _____

PERMIT HOLDER NAME: _____ DOB: _____

ALARM LOCATION ADDRESS: _____
Street Address (Include Apt/Unit/Suite#) City Zip Code

MAILING/BILLING ADDRESS (IF DIFFERENT): _____

EMAIL ADDRESS: _____ TELEPHONE: _____
(Residence) (Work) (Cell)

## BUSINESS APPLICATION - $50 ANNUALLY – GOVERNMENT AGENCIES ARE EXEMPT FROM FEE

BUSINESS NAME: _____

ALARM LOCATION ADDRESS: _____
Street Address (Include Apt/Unit/Suite#) City Zip Code

MAILING/BILLING ADDRESS (IF DIFFERENT): _____

EMAIL ADDRESS: _____ TELEPHONE: _____

GATE CODE (If Applicable) _____

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**ALARM MONITORING COMPANY:** _____ **24-HR PHONE:** _____

**TYPE OF ALARM:** _____ **AUDIBLE ONLY** _____ **AUDIBLE & MONITORED** _____ **MONITORED ONLY**
_____ **SILENT** _____ **PANIC** _____ **ROBBERY/HOLD UP**

**CONTACTS:** Please list three (3) people who have permission to grant access or secure the alarmed property in the event the owner/occupant cannot be reached:

1. _____
**Name** **Relationship** **Phone #1** **Phone #2**

2. _____
**Name** **Relationship** **Phone #1** **Phone #2**

3. _____
**Name** **Relationship** **Phone #1** **Phone #2**

The applicant acknowledges that he/she has read and understands the attached terms and responsibilities of the permit issued. Failure to renew your permit may result in applicable fines and possible suspension of law enforcement response to alarm calls. The permit holder is responsible for amending any information contained on the application. Moving from the alarm location or disconnecting the alarm system must also be reported.

_____ _____

Applicant Signature Date

**PERMIT TERM:** The alarm is valid for a twelve (12) month period beginning on the date of issuance as stated on the permit.

**PERMIT RENEWAL:** Renewal notices are mailed approximately one (1) month prior to the permit expiration date. The permit holder is responsible for submitting the applicable renewal fee and any account information updates to the Sandy Police Department on or before the expiration date.

**FALSE ALARM FEES:**

**1ST – NO CHARGE**
**2ND - $50**
**3RD - $100**
**4TH - $150 (AND POSSIBLE 1-YEAR SUSPENSION OF POLICE RESPONSE TO FUTURE ALARM CALLS)**

If an alarm occurs on your premises that is recorded as a false alarm and you find evidence that indicates criminal activity, please call non-emergency dispatch at **503-655-8211** and request that an officer be dispatched to investigate. The officer's report will void that specific false alarm record. If you have any questions please call Sandy PD Records at **503-668-5566**. Please have your permit number available.

**Operating an alarm system without a valid permit is a violation of the City of Sandy's alarm ordinance. Failure to comply with the ordinance may suspend further law enforcement response for alarms to the subject address without further notice. In addition, a $75 fine may be assessed for non-compliance.**

**SUBMIT APPLICATION TO: SANDY POLICE DEPARTMENT**
**39850 PLEASANT ST., SANDY, OR 97055**