



595 Main St. Aumsville, Oregon 97325  
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[www.aumsville.us](http://www.aumsville.us)

## Alarm Permit

### Applicant Information

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Alarm Information:** (ALL ALARMS SHALL COMPLY WITH THE APPLICABLE PROVISIONS OF ORDINANCE 690)

Type of Alarm:  Residential  Business Name of Business: \_\_\_\_\_

Please check all that apply:  Burglary/Intrusion  Robbery/Panic  Medical  Fire

Address of Alarm: \_\_\_\_\_

Phone at Alarm Location: \_\_\_\_\_

Alarm Monitoring Company: \_\_\_\_\_

**Responsible Person Information:** Please list the names of persons you wish to have as “Responsible Person(s)” that may be contacted in case of alarm activation. City Ordinance requires you to include *at least two* responsible persons. The persons listed must have access to the residence/business and be able to reset the alarm.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand that per Ordinance 690, Section 6, the first 3 false alarms will be no charge, the 4<sup>th</sup> false alarm is subject to a \$50.00 fee, and for each false alarm after that, the charge is \$150.00 per alarm. Violation of any provision is subject to a \$500.00 fine. I also understand that I may be required to submit a report to the Chief of Police within 10 days of receipt of the notice describing actions taken or to be taken to discover and eliminate the cause of the false alarms.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_