City of West Linn User's Alarm Application

West Linn Police Department 1800 8th Avenue West Linn, OR 97068 503.655.6214



TYPE OF PERMIT: ☐Business - \$20.00 per year			
□Residential - \$20.00 per year			
□Senior Citizen (65 yrs of age & ol	der) – No Charge		
TYPE OF ALARM: □Audible only (system sounds siren,	/bell only)		
☐Both audible and monitored			
☐Monitored only (System signals al	'arm company only)		
□Surveillance camera			
Alarm Company:		Phone:	
Permit holder:		Date of birth:	
Permit holder:		Date of birth:	
Alarm location address:			
Mailing address:	City	State	Zip:
Premise phone:	Business phone:	Cell phone:	
In case of an alarm and we cannot reach you at the above telephone numbers, who can we notify?			
#1 Name:	Home phone:	Cell phone:	
#2 Name:	Home phone:	Cell phone:	
Instructions to help officers search	n and secure your premises: (Attach add	litional sheet if needed):	
	Alarm Release		
By signing below, I consent to the West Linn Police Department searching the alarmed premises for intruders 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.			
Authorized Signature		Date	

FOR INTERNAL USE ONLY

Permit Number:______Expiration Date:_____