



City of West Linn

P.O. Box 141118, Irving, TX 75014, Phone: 1-877-356-7603

ALARM PERMIT APPLICATION

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

(Please print)

Senior Citizen (65 or Older)

Type of Alarm:

Residential Business Govt. Entity Burglary Robbery Panic Hold Up

Name of Registration Holder:

[Grid for Name of Registration Holder]

Business Name:

[Grid for Business Name]

Name of responsible party:

[Grid for Name of responsible party]

Alarm Location:
(Include Building/Apt #)
(Include Suite or Unit #)

[Grid for Alarm Location]

City:

[Grid for City] State: [] [] Zip: [] [] [] []

Billing Address:
(if different)

[Grid for Billing Address]

City:

[Grid for City] State: [] [] Zip: [] [] [] []

Email Address:

[Grid for Email Address]

Home Phone:

[Grid for Home Phone]

Cell Phone:

[Grid for Cell Phone]

Office Phone:

[Grid for Office Phone]

EMERGENCY CONTACTS

Name:

[Grid for Name]

Phone #1:

[Grid for Phone #1]

Phone #2:

[Grid for Phone #2]

Name:

[Grid for Name]

Phone #1:

[Grid for Phone #1]

Phone #2:

[Grid for Phone #2]

SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the West Linn Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)

Comment:

[Grid for Comment]

ALARM INSTALLATION DETAILS

Alarm Installation Date:

[Grid for Alarm Installation Date]

Phone #:

[Grid for Phone #]

Alarm Installation Company:

[Grid for Alarm Installation Company]

Address:

[Grid for Address]

Monitoring Company:
(if different)

[Grid for Monitoring Company]

Address:

[Grid for Address]

Phone #:

[Grid for Phone #]

PLEASE READ THE FOLLOWING AND SIGN:

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____

Date:

[Grid for Date]

In accordance with the City of West Linn, OR Ordinance Sections 7.200 to 7.250, if you have an active alarm system in the City of West Linn, Oregon, it must be registered with the City of West Linn separately. The fee for an alarm registration/renewal and false alarms is set forth below and shall be paid by the alarm user.

Registration & Renewal Fees:

- a) \$40.00 for Residential b) \$40.00 for Commercial c) \$0.00 Senior (65 or older)

False Alarm Fines:

Burglary/Robbery/Panic Hold Up- Registered location Fine Schedule

- 1st false alarm : \$0.00
- 2nd false alarm : \$0.00
- 3rd false alarm : \$50.00
- 4th false alarm : \$75.00
- 5th false alarm : \$125.00
- 6th false alarm and above : \$150.00

Burglary/Robbery/Panic Hold Up - Unregistered and expired permit location Fine Schedule

- 1st false alarm : \$0.00
- 2nd false alarm : \$0.00
- 3rd false alarm : \$50.00
- 4th false alarm : \$75.00
- 5th false alarm : \$125.00
- 6th false alarm and above : \$150.00

For Customer Service Call: 1-877-356-7603

Mail this form and payment to:

City of West Linn Alarm Reduction Program
P.O. BOX 141118, IRVING, TX 75014