

ALARM USE PERMIT APPLICATION

For Office Use Only
Alarm Permit # _____
Date Issued _____

Name of Alarm User 1: _____ Date of Birth: _____

Name of Alarm User 2: _____ Date of Birth: _____

Alarm Location: Residence Business Financial Government

If Residence: House Condominium Apartment Other

If Business, specify type: _____

Street Address: _____

City: **Lake Oswego, OR** Zip Code: _____

Home Phone: _____ Work Phone: _____

New System Installation Date: _____

Existing System Installation Date: _____

Type of Burglar Alarm System: (check only one box)

Audible Only (Sounds a siren/bell only) Monitored Only (Signals alarm company only) Both Audible and Monitor

Name of Alarm Monitoring Co: _____ 24-hr Phone: _____

Name of Alarm Installation/Service Co: _____ 24-hr Phone: _____

Type of User Activated Alarms: (Check appropriate box if a user of the alarm system can activate these special emergency conditions even when the burglar alarm system protecting the premises is turned off.)

Robbery/Holdup (a silent signal only is sent to the alarm company)

Panic (a siren/bell sounds at location and a silent signal is also sent to the alarm company)

Type of Other Emergency Signals: Fire Alarm Medical Alert

List two persons with keys to premises (other than above) to assist police or fire department in securing the premises or resetting a malfunctioning alarm.

Name _____

Home phone _____ Work phone _____

Name _____

Home phone _____ Work phone _____

If any of the above information changes, notify the alarm coordinator immediately.

Alarm User's Signature _____

Date _____

**Return to: Lake Oswego Police Department
 Attn: Alarm Coordinator
 P. O. Box 369
 Lake Oswego, OR 97034**