

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, Oregon Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone User 1: _____ Cell Phone User 2: _____

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 On Premise Surveillance

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

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____

Home Phone: _____ Cell 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
PO Box 369
Lake Oswego, OR 97034

