

<p><i>Gresham Police Department</i></p> <p><i>City of Maywood Park</i></p> <p><i>Multnomah County Sheriff</i></p> <p><i>Troutdale Police Department</i></p> <p><i>City of Wood Village</i></p>	<h2 style="margin: 0;">ALARM PERMIT APPLICATION</h2> <h3 style="margin: 5px 0 0 0;">Multnomah County False Alarm Reduction Program</h3> <p style="margin: 0;">PO Box 92153 Portland, OR 97292-2153 Phone: (503) 251-2411 Fax: (503) 251-2454 Email: alarms@mcsos.us Web: www.mcsos.us</p>	<p style="text-align: center;">OFFICIAL USE ONLY</p> <p>Received: _____</p> <p>Amount: _____</p> <p>Permit #: _____</p> <p>Permit #: _____</p> <p>Customer #: _____</p>
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ALARM USER INFORMATION

Business Name (if any): _____

Primary Alarm User Name (required): _____ **Date of Birth:** _____

Second Alarm User Name: _____ **Date of Birth:** _____

Alarm Premise Address: _____

City: _____ **State:** _____ **Zip:** _____

Alarm Premise Phone # (required): () **Mobile Phone:** () _____

Mailing Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Primary User's Signature (required): _____ **Date:** _____

<h4 style="margin: 0;">PREMISE TYPE</h4> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Apartment/Condo</p> <p><input type="checkbox"/> Mobile Home</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>	<h4 style="margin: 0;">ALARM SYSTEM FEATURES:</h4> <p style="margin: 0;">Please Check One Box Only</p> <p><input type="checkbox"/> Audible Burglary Alarm <u>ONLY</u> (Audible system-activated signal of entry/attempted entry).</p> <p><input type="checkbox"/> Silent Burglary Alarm <u>ONLY</u> (Silent system-activated signal of entry/attempted entry).</p> <p><input type="checkbox"/> Robbery/Silent Alarm <u>ONLY</u> (Silent manually-activated signal for police assistance. Police can be summoned even if the burglary alarm is turned off).</p> <p><input type="checkbox"/> <u>TWO ALARM FEATURES:</u> Audible Burglary alarm AND a Robbery/Silent Alarm.</p> <p><input type="checkbox"/> <u>TWO ALARM FEATURES:</u> Silent Burglary alarm AND a Robbery/Silent Alarm.</p> <hr/> <p>See Fee Schedule for Permit Fee. If no payment is received, an invoice will be mailed to the address provided. PAYMENT ENCLOSED: \$ _____</p>
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ALARM COMPANY INFORMATION:

Is your Alarm System Monitored? Yes () No ()

Monitoring Company: _____ **24-Hour Phone #:** () _____

EMERGENCY CONTACT INFORMATION:

List up to two (2) people that possess a key and have permission to access the premises and deactivate the alarm.

Contact Person #1 Name: _____ **Phone:** () _____

Contact Person #2 Name: _____ **Phone:** () _____

SPECIAL INSTRUCTIONS FOR OFFICER RESPONSE:

Security gates/codes, disabled persons, dogs, firearms, guards, cross streets or other directions to site.
