

<p>Gresham Police Department</p> <p>City of Maywood Park</p> <p>Multnomah County Sheriff</p> <p>Troutdale Police Department</p> <p>City of Wood Village</p>	<h2 style="margin: 0;">ALARM PERMIT APPLICATION</h2> <h3 style="margin: 5px 0 0 0;">Multnomah County False Alarm Reduction Program</h3> <p>PO Box 92153 Portland, OR 97292-2153 Phone: (503) 251-2411 Fax: (503) 251-2454 Email: <a href="mailto:alarms@mcso.us">alarms@mcso.us</a> Web: <a href="http://www.mcso.us">www.mcso.us</a></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: Please Check One Box Only</h4> <p><input checked="" type="checkbox"/> Audible Burglary Alarm <u>ONLY</u> (Audible <b>system-activated</b> signal of entry/attempted entry).</p> <p><input type="checkbox"/> Silent Burglary Alarm <u>ONLY</u> (Silent <b>system-activated</b> signal of entry/attempted entry).</p> <p><input type="checkbox"/> Robbery/Silent Alarm <u>ONLY</u> (Silent <b>manually-activated</b> 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><i>See Fee Schedule for Permit Fee. If no payment is received, an invoice will be mailed to the address provided. PAYMENT ENCLOSED: \$ _____</i></p>
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### ALARM COMPANY INFORMATION:

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

Monitoring Company: Rapid Response                      24-Hour Phone #: (800) 432-3822

### 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.

\_\_\_\_\_

\_\_\_\_\_



# RESIDENTIAL ALARM USER PERMIT APPLICATION

Portland Police Alarm Administration  
PO Box 1867  
Portland, OR 97207  
Phone: (503) 823-0031  
Fax: (503) 823-0507  
Email: Alarms@PortlandOregon.Gov

## OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Alarm Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

### ALARM USER INFORMATION

Name of 1<sup>st</sup> Alarm User: \_\_\_\_\_ Date of Birth (senior discount): \_\_\_\_\_

Name of 2<sup>nd</sup> Alarm User: \_\_\_\_\_ Date of Birth (senior discount): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Phone #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **RESIDENTIAL ALARM PERMIT FEE: \$25 ANNUALLY**

Acceptable forms of payment: Check/ Cash/ Money Order/ VISA/ MasterCard/ AMEX

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Security Code on back of Credit Card (CID): \_\_\_\_\_

**Residents over the age of 62 years old qualify to have the \$25 annual permit fee waived.  
See back for more information needed for senior discount.**

### ALARM COMPANY INFORMATION:

Monitoring Company: Rapid Response 24-Hour Phone #: (800) 932-3822

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Alarm User #1: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Alarm User #2: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Contact #3: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

SPECIAL INSTRUCTIONS FOR OFFICER RESPONSE: (Special directions, Guard dog, Security guards, Fence/Gate code etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## DESCRIPTION OF FEES AND HOW TO FILE YOUR APPLICATION:

The following fees and fines are required by the Alarm Ordinance:

- Residential Alarm Permit: \$25 \* Invoiced approx. 6 weeks prior to expiration date
- Senior Residential Alarm Permit: \$0 \* Automatically renewed no invoice sent

\* Fee is waived for residents who are age 62 or over. Proof of age is required by sending in a photo copy of a state issued ID as proof of age and residence.

Failure of the alarm user to apply for a permit within 30 days after the alarm system becomes operative will result in a \$100 fine assigned for every event request.

Please mail your completed application along with the annual permit fee or, for seniors, proof of age to:

**PORTLAND POLICE ALARM ADMINISTRATION**  
**PO Box 1867**  
**PORTLAND, OR 97207**  
**PHONE: (503) 823-0031**  
**FAX: (503) 823-0507**  
**EMAIL: ALARMS@PORTLANDOREGON.GOV**

Please make all checks or money orders payable to: Portland Police Alarm Administration.

## DESCRIPTION OF FALSE ALARM FEES/FINES DURING A PERMIT YEAR:

Permit years are NOT calendar years. They are established on the date the application is processed by the Alarm Administration.

An alarm user is allowed 4 False alarms within a permit year.

- First False Alarm No Charge
- Second False Alarm \$50
- Third False Alarm \$100
- Fourth False Alarm \$150

10 days following your Fourth False alarm, police response will be suspended to your location unless a Police Reinstatement Form is filled out by customer agreeing to pay a \$150 fee for each police response until the permit renews.

Failure to pay false alarm fees may result in suspension of police response and a \$25 late charge for any fee/fine that is not paid within 30 days of the invoice date.

Note: A power outage, low battery signal, or loss of telephone service will result in a false alarm designation to any alarm event that is called into 9-1-1. Ensure your alarm company can reach you or a responder during these types of instances, as they are not a valid reason for an appeal.

## COLLECTION OF DEBT:

In the event that an obligation due to the City of Portland is not paid, the City of Portland reserves the right to assign the debt to a private collection agency for collection.

Pursuant to ORS 697.105, If the obligation is assigned for collection, a collection fee of up to \$25.00 will be added to the amount due, and shall be payable by the debtor. The City of Portland intends to assign the obligation for collection on or after 120 days from the original invoice date.

## PLEASE CONTACT OUR OFFICE IF ONE OF THE FOLLOWING APPLIES:

- If you change your phone number, mailing address, emergency contact info, if you change your name, if you living situation changes, such as a person with a physical disability moves into your home.
- If you move or have your alarm system disconnected from power. (Submitted in writing to our office as we can not make these changes over the phone.)

PLEASE CALL OUR OFFICE AT (503) 823-0031



# COMMERCIAL/ BUSINESS ALARM USER PERMIT APPLICATION

Portland Police Alarm Administration  
PO Box 1867  
Portland, OR 97207  
Phone: (503) 823-0031  
Fax: (503) 823-0507  
Email: Alarms@PortlandOregon.Gov

## OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Alarm Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

### ALARM USER INFORMATION

(NOTE: The City of Portland requires an alarm user's permit for each burglary or robbery alarm system.)

Name of Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Type of Location:

- Retail Store / Office / Restaurant
- Marijuana Dispensary/Warehouse
- Church / School/ Non-Profit Org.
- Financial Institution / Bank
- Government Office
- Other: \_\_\_\_\_

#### COMMERCIAL ALARM PERMIT FEE: \$125 ANNUALLY

##### Acceptable forms of payment:

**Check / Money Order / VISA / MasterCard / American Express**

Credit Card #: \_\_\_\_\_

Expiration: \_\_\_ / \_\_\_

Security Code on back of Credit Card \_\_\_ \_\_\_

### ALARM COMPANY INFORMATION:

Alarm Installer: Self-installed, serviced by Frontpoint 24-Hour Phone #: (703) 776-9100

Monitoring Company: Rapid Response 24-Hour Phone #: (800) 932-3822

### EMERGENCY CONTACT INFORMATION:

List up to three (3) people that possess a key and have permission to access the premises and deactivate the alarm.

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Contact Person #1: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Contact Person #2: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Contact Person #3: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

SPECIAL INSTRUCTIONS FOR OFFICER RESPONSE : (Special directions, Guard dog, Fence/Gate code, Haz.Mat., etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DESCRIPTION OF FEES AND HOW TO FILE YOUR APPLICATION:

The following fees and fines are required by the Alarm Ordinance:

- Commercial Alarm Permit: \$125.00 Invoiced annually approx. 4 weeks prior to expiration

Failure of the alarm user to apply for a permit within 30 days after the alarm system becomes operative will result in a \$100 'Failure to Register' fine.

Note: Marijuana Dispensaries/Warehouse locations are required to show proof of permit and alarm system install in order to receive a City license to operate a marijuana dispensary.

Please mail your completed application along with the annual permit fee to:

**PORTLAND POLICE ALARM ADMINISTRATION**  
**PO Box 1867**  
**PORTLAND, OR 97207**  
**PHONE: (503) 823-0031**  
**FAX: (503) 823-0507**  
**EMAIL: ALARMS@PORTLANDOREGON.GOV**

## DESCRIPTION OF FALSE ALARM FEES/FINES DURING A PERMIT YEAR:

Permit years are NOT calendar years. They are established on the date the application is processed by the Alarm Administration.

An alarm user is allowed 4 False alarms within a permit year.

- First False Alarm No Charge
- Second False Alarm \$50
- Third False Alarm \$100
- Fourth False Alarm \$150

10 days following your fourth false alarm, police response will be suspended to your location unless a Police Reinstatement Form is filled out by customer agreeing to pay a \$150 fee for each police response until the permit renews.

Failure to pay false alarm fees may result in suspension of police response and a \$25 late charge for any fee/fine that is not paid within 30 days of the invoice date.

Note: A power outage, low battery signal, or loss of telephone service will result in a false alarm designation to any alarm event that is called into 9-1-1. Ensure your alarm company can reach you or a responder during these types of instances, as they are not a valid reason for an appeal.

## COLLECTION OF DEBT:

In the event that an obligation due to the City of Portland is not paid, the City of Portland reserves the right to assign the debt to a private collection agency for collection.

Pursuant to ORS 697.105, If the obligation is assigned for collection, a collection fee of up to \$25.00 will be added to the amount due, in addition to fees and fines charged by the collection agency, and shall be payable by the debtor. The City of Portland intends to assign the obligation for collection on or after 120 days from the original invoice date.

## PLEASE CONTACT OUR OFFICE IF ONE OF THE FOLLOWING APPLIES:

- If you change your phone number, mailing address, emergency contact info, or if you move, sell your business or have your alarm system disconnected from power.

PLEASE CALL OUR OFFICE AT (503) 823-0031



# ALARM USER PERMIT APPLICATION

Fairview Police Alarm Administration  
1300 NE Village St  
Fairview, OR 97024  
(503) 674-6258  
(503) 492-4859 FAX

## OFFICIAL USE ONLY

Date Received: \_\_\_\_\_  
Amount Received: \_\_\_\_\_  
Alarm Permit #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

### ALARM USER INFORMATION

Name of 1<sup>st</sup> Alarm User: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of 2<sup>nd</sup> Alarm User: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License No (for proof of age if over 62): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Residence Phone #: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Type of Location:

- House
- Rental House
- Condominium
- Apartment
- Business
- Other: \_\_\_\_\_

#### ALARM PERMIT FEE: \$25 ANNUALLY PER PERMIT TYPE

CHECK ONE BOX ONLY AND ENCLOSE THAT ALARM PERMIT FEE:

- \$25 - Burglary Alarm ONLY (Audible system-activated signal of entry/ attempted entry).
- \$25 - Robbery/ Silent Alarm ONLY (Silent user-activated robbery or silent panic signal).
- \$50 - BOTH a Burglary AND a Robbery/ silent Alarm.

### ALARM COMPANY INFORMATION:

Alarm Installer: FrontPoint Security 24-Hour Phone #: ( 800 ) 932-3822  
Monitoring Company: Rapid Response 24-Hour Phone #: ( 800 ) 932-3822

### EMERGENCY CONTACT INFORMATION:

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

<u>Name:</u>	<u>Primary Phone:</u>	<u>Alternate Phone:</u>
Contact Person #1: _____	( ) _____	( ) _____
Contact Person #2: _____	( ) _____	( ) _____
Contact Person #3: _____	( ) _____	( ) _____

SPECIAL INSTRUCTIONS FOR OFFICER RESPONSE: (Special directions, Guard dog, Security guards, etc.)

Persons with sight, hearing or speech disabilities? \_\_\_\_\_

Other Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Fairview Police Alarm Program Information Sheet

**ALL residential or commercial alarms located within the city limits of Fairview must have a permit, issued by the Fairview Police Department.**

**AN ALARM** is a signal that is audible, silent, or visual in nature that is emitted from equipment installed in a business or residence. The purpose of the protective equipment is to signal the need for emergency service if the dwelling is entered while the premises are closed, and/or which can be sounded by employees or residents to call the police to the premises during an emergency. **A FALSE ALARM** is the activation of the alarm equipment, which creates a request for emergency service to the premises at a time when a crime is not being attempted.

## **REGISTRATION/PERMITS REQUIRED:**

An alarm user must obtain a permit within 30 days of the alarm equipment installation. A permit for each system type must be obtained (i.e silent/audible)

## **REGISTRATION/PERMIT COST:**

Annual permit: \$25.00  
Alarm permits are valid for 1 year from the time of issuance

## **1<sup>ST</sup> FALSE ALARM DESIGNATION**

No charge for a first false alarm event during a permit year. False alarm notification sent to the premise by the Alarm Administration.

## **2<sup>ND</sup> FALSE ALARM DESIGNATION**

\$75 assessment. False alarm notification sent to the premise by the Alarm Administration.

## **3<sup>RD</sup> FALSE ALARM DESIGNATION**

\$100 assessment. False alarm notification sent to the premise by the Alarm Administration.

## **4<sup>TH</sup> FALSE ALARM DESIGNATION**

\$200 assessment. False alarm notification sent to the premise by the Alarm Administration

## **5<sup>TH</sup> FALSE ALARM DESIGNATION**

\$300 assessment for a 5<sup>th</sup> or greater false alarm during a permit year. False alarm notification sent to the premise by the Alarm Administration Office.

## **SUSPENSION OF POLICE RESPONSE**

Suspension of police response to alarm events could occur if fees/fines are not paid in a timely manner

## **LATE FEES:**

A \$25 late fine is assessed to any unpaid fee/ fine that is outstanding after the 30 day invoice date.

## **APPEALS:**

An alarm user can appeal the validity of a false alarm designation. The appeal must be in writing and be received by the Alarm Administration Office within 10 days of the date of the false alarm notification.

Contact Alarm Administration

Fairview Police Department  
PO Box 337  
Fairview, OR 97024

(503) 674-6200  
Fax (503) 492-4859  
Ask for Shannon  
hoards@ci.fairview.or.us

## DESCRIPTION OF FEES AND HOW TO FILE YOUR APPLICATION:

The following fees and fines are required by the Alarm Ordinance:

- Burglar Alarm Permit: \$25 \* Billed annually
- Robbery/Silent Permit: \$25 \* Billed annually

Systems with both robbery/silent and burglary alarm capabilities require separate permits for each function.

\* Fee is waived for residents who are age 62 or over. Proof of age is required by including your driver license number on your application or sending in a photo copy of a state issued ID or a birth certificate.

Failure of the alarm user to apply for a permit within 30 days after the alarm system becomes operative will result in a \$500 ticket for failure to comply with a Fairview City ordinance.

Please mail your completed application along with the annual permit fee or, for senior residents, proof of age to:

**ALARM ADMINISTRATION  
1300 NE VILLAGE ST  
FAIRVIEW, OR 97024  
(503) 674-6258**

Please make all checks or money orders payable to: Alarm Administration.

## DESCRIPTION OF FALSE ALARM FEES/FINES DURING A PERMIT YEAR:

Permit years are NOT calendar years. They are established on the date the application is processed by the Alarm Administration.

- First False Alarm                      No Charge
- Second False Alarm                    \$75
- Third False Alarm                     \$100
- Fourth False Alarm                    \$200
- Fifth or subsequent Alarm            \$300

Failure to pay false alarm fees may result in a \$25 late charge for any fee/fine that is not paid within 30 days of the invoice date.

Note: A power outage, low battery signal, or loss of telephone service will result in a false alarm designation to any alarm event that is called into 9-1-1. Ensure your alarm company can reach you or a responder during these types of instances, as they are not a valid reason for an appeal.

## PLEASE CONTACT OUR OFFICE IF ONE OF THE FOLLOWING APPLIES:

- If you change your phone service, mailing address, emergency contact info, if you change your name, if you living situation changes, such as a person with a physical disability moves into your home.
- If you move or have your alarm system disconnected from power.

**[PLEASE CALL OUR OFFICE AT \(503\) 674-6258](tel:(503)674-6258)**