ALARM USER PERMIT APPLICATION

City of Happy Valley
16000 SE Misty Drive
Happy Valley, OR 97086-6299
503-783-3800 Fax: 503-658-5174

2013 ALARM USER/PREMISES INFORMATION **NEW:____ RENEW: ____**

(If residence, list the names of two adults. If business, list the name on the building)

Resident #1 Name: _____ Date of Birth (for senior discount): _____
Resident #2 Name: _____ Date of Birth (for senior discount): _____
Resident Phone # _____ Other Phone #: _____
Street Address: _____ Nearest Cross Street: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: (if different from above street address) _____
City: _____ State: _____ Zip Code: _____

ALARM LOCATION IS:

- ☐ Residence-$40
- ☐ Commercial Business-$80

IF RESIDENCE:

- ☐ House
- ☐ Apartment/Condo
- ☐ Other _____

_____
Alarm Installation/Service Company Name 24 Hour Phone Number

_____
Alarm Monitoring Company Name 24 Hour Phone Number

TYPE OF USER ACTIVATED ALARMS:

- ☐ Robbery/Holdup (silent signal sent to alarm company)
- ☐ Panic (a siren/bell sounds at location and a silent signal is also sent to the alarm company)
- ☐ Other: _____
- ☐ Medical Alert: (Indicate Medical Reason): _____
- ☐ Premise Hazards: (i.e. ammunition, combustibles, animals etc.) _____

List the names of two persons, other than those listed above, who can be contacted with keys to the premises to assist Police or Fire Department if needed.

Name:_____ Home Phone: _____ Daytime Phone: _____
Address: _____

Name: _____ Home Phone: _____ Daytime Phone: _____
Address: _____

Instructions to assist Police to respond/search premises: (Example: Dog, Special Directions, Special Hazards, etc.)

_____

Authorized Signature: _____ Date: _____

Mail Completed Application and Fee to City of Happy Valley

Below For Office Use Only:
Date Application Received: _____ By: _____ Fee: _____ Receipt Number: _____
Permit Number: _____ EXPIRATION Date: _____