

**PIERCE COUNTY  
 FALSE ALARM REDUCTION PROGRAM  
 C/O ATB SERVICES  
 P.O. BOX 26364  
 COLORADO SPRINGS, CO 80936  
 1-866-950-8194**



**ALARM REGISTRATION FORM**

RESIDENTIAL     \*Senior -Date of Birth \_\_\_\_\_

(65 or older) (Seniors only)

PERMANENT DISABILITY \*\*Proof Required

Contact 1-800-861-5944 For requirements

\* Senior Rate/Permanent Disability- Residential Only  
 Owner/Lessee of Property -Alarm Agreement  
 Must Be In Your Name

\_\_\_\_\_  
 Name of responsible party (Please print)

\_\_\_\_\_  
 Alarm Location (Include Building/Apt #)

\_\_\_\_\_  
 City, State and Zip Code

\_\_\_\_\_  
 Billing Address (if different)

\_\_\_\_\_  
 City, State and Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

BUSINESS

\_\_\_\_\_  
 Type of Business Conducted

\_\_\_\_\_  
 Business Name (Please print)

\_\_\_\_\_  
 Name of responsible party (Please print)

\_\_\_\_\_  
 Alarm Location (Include Suite or Unit #)

\_\_\_\_\_  
 City, State and Zip Code

\_\_\_\_\_  
 Billing Address (if different)

\_\_\_\_\_  
 City, State and Zip Code

Office Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**SPECIAL CONDITIONS**

In order to ensure the safety of our deputies, the public and to enable the Sheriff's Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment: \_\_\_\_\_

**ALARM INSTALLATION DETAILS**

Alarm Installation Date: \_\_\_\_\_

Alarm Installation Company: Self-install, Sold by FrontPoint Security

Monitoring Company: (if different) Rapid Response

Monitoring Company Address & Phone #: 400 W. Division St, Syracuse NY 13204 (800) 932-3822

**PLEASE READ THE FOLLOWING AND SIGN**

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated. I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Sheriff response may be influenced by factors including, but not limited to, the availability of deputies, priority calls, traffic conditions, emergency conditions and staffing levels.

**Signature: (Owner)** \_\_\_\_\_

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

In accordance with Pierce County Code Chapter 8.64, if you have an alarm system in unincorporated Pierce County, it must be registered with the County beginning January 01, 2008. Registration is \$24.00 annually. Registration is \$12.00 for seniors age 65 or older and for individuals with a permanent disability. Each false burglar alarm is \$100.00. Each false robbery/panic alarm is \$200.00. Sheriff response may be suspended after 3 false burglar alarms within a one year registration period. You can confirm the legitimacy of this form with your alarm company or the Sheriff's Department at (253) 798-4248.

**Make Checks Payable To: Pierce County**

Annual Registration Fee: \$24.00

Seniors (65 or older) Fee: \$12.00

Permanent Disabled Fee: \$12.00

**Return this form and registration fee to:**

Pierce County  
 C/O ATB Services  
 P.O. Box 26364  
 Colorado Springs, CO 80936

[www.piercesheriff.org](http://www.piercesheriff.org)

[\(Click on New Alarm Ordinance Information\)](#)

**For Customer Service Call: 1-866-950-8194**

**For Office Use Only**

Registration Number: \_\_\_\_\_

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

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



# ALARM PERMIT APPLICATION

RESIDENTIAL     \*SENIOR -DATE OF BIRTH \_\_\_\_\_

(60 or older) (Seniors only)

PERMANENT DISABILITY \*\*Proof Required

Contact 1-866-950-8187 For requirements

\* Senior Rate/Permanent Disability- Residential Only  
Owner/Lessee of Property -Alarm Agreement  
Must Be In Your Name

\_\_\_\_\_  
Name of responsible party (Please print)

\_\_\_\_\_  
Alarm Location (Include Building/Apt #)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Billing Address (if different)

\_\_\_\_\_  
City, State and Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

BUSINESS

Type of Business Conducted \_\_\_\_\_

\_\_\_\_\_  
Business Name (Please print)

\_\_\_\_\_  
Name of responsible party (Please print)

\_\_\_\_\_  
Alarm Location (Include Suite or Unit #)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Billing Address (if different)

\_\_\_\_\_  
City, State and Zip Code

Office Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

## SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the police department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment: \_\_\_\_\_

## ALARM INSTALLATION DETAILS

Alarm Installation Date: \_\_\_\_\_

Alarm Installation Company: Self-install by customer, Sold by FrontPoint Security

Monitoring Company: (if different) Rapid Response

Monitoring Company Address & Phone #: 400 W. Division St, Syracuse, NY 13204 (800) 932-3822

### PLEASE READ THE FOLLOWING AND SIGN

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated. I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) \_\_\_\_\_

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

In accordance with Lakewood Municipal Code Chapter 9.31.040, if you have an alarm system within the city limits of Lakewood, it must be registered with the city beginning 01/01/09. Registration is \$24.00 annually. Registration is \$12.00 for seniors age 60 or older and for individuals with a permanent disability. Each false burglar alarm is \$100.00. Each false robbery/panic alarm is \$200.00. Police response may be suspended after 3 false burglar alarms within a one year permit period.

### Make Checks Payable To Your Alarm Company

Annual Permit Fee: \$24.00

Seniors (60 or older) Permit Fee: \$12.00

Permanent Disabled Permit Fee: \$12.00

Return this form and permit fee to your alarm company

**(Permit will not be valid  
without this form)**

[www.police.cityoflakewood.us](http://www.police.cityoflakewood.us)

[\(Click on Related Links then Lakewood Municipal Code\)](#)

**For Customer Service Call: 1-866-950-8187**

### For Office Use Only

Permit Number: \_\_\_\_\_

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

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

Processed By: \_\_\_\_\_



# ALARM PERMIT APPLICATION

**\*\* YOU MUST NOTIFY YOUR MONITORING COMPANY OF YOUR VAILID PERMIT NUMBER FOR A POLICE RESPONSE.**

<b>OFFICE USE ONLY</b>
Permit Number: _____
Clerk: _____
Amount: _____
Date: _____

Alarm Number: \_\_\_\_\_ Type: Burglary \_\_\_\_\_, Panic: \_\_\_\_\_, Fire: \_\_\_\_\_, Medical: \_\_\_\_\_  
Silent: \_\_\_\_\_ Yes/No Auto Reset: \_\_\_\_\_ minutes

**Business/Residence (circle one)**

Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_

**Permittee:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State : \_\_\_\_\_ Zip : \_\_\_\_\_

**Alternate Contacts/Responders:**

~~First:~~ \_\_\_\_\_ Phone 1: \_\_\_\_\_  
Second: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Third : \_\_\_\_\_ Phone 3: \_\_\_\_\_

**Alarm Company Information**

Company Monitoring : \_\_\_\_\_ Phone : \_\_\_\_\_  
Company Installing/Serviceing : \_\_\_\_\_ Phone : \_\_\_\_\_

**Comments:**

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**Make all checks payable to the City of DuPont. All returned or insufficient fund checks will result in cancellation of the permit and a returned check charge of \$25.00.**

**Bring applications to: City of DuPont, Attn: Alarm Coordinator, 1700 Civic Drive, DuPont, WA 98327**

**Chapter 9.13 of the DuPont Municipal Code requires all businesses and residences with alarm systems to have valid alarm permits. Failure to complete this application, or to pay your \$50.00 fee, will result in a Notice of Infraction (NOI) being issued.**

*Original for City records, Copy to Police, Copy to Permittee*



**CITY OF BONNEY LAKE ALARM PROGRAM**

**P.O. Box 7380, Bonney Lake, WA 98391**

**Phone: (253) 447-4318**

**Permanently Disabled\*\* YES**  **Placard #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(required for senior discount only)

**Type of Alarm:** Residential  Business  Burglary  Robbery/Panic

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

Business Name: \_\_\_\_\_

Alarm Location: \_\_\_\_\_

(Include building/apt, suite, or Unit #)

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

Billing Address: \_\_\_\_\_

(If different)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Alarm Installation Details:** \_\_\_\_\_ **Check Here if Self-Installed**

Alarm Installation Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alarm Installation Company: \_\_\_\_\_

Alarm Installation Company Address: \_\_\_\_\_

Monitoring Company: \_\_\_\_\_

(If different)

Monitoring Company Address: \_\_\_\_\_

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

**PLEASE READ THE FOLLOWING AND SIGN:**

I have read and understand the City of Bonney Lake Municipal Code Chapter 8.48 (Ordinance No. 1379). I am responsible for assuring the alarm system is used properly and in accordance with the manufacturer's directions and the law. This includes all persons with access to the alarm system are properly trained on the correct use of the system, are authorized to cancel accidental authorizations and follow procedures to minimize the risk of false alarms. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system described above.

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

In accordance with the City of Bonney Lake Municipal Code Chapter 8.48 (Ordinance No. 1379), an active alarm system must be registered with the City for an annual nonrefundable fee of \$24.00 for residential/commercial locations or \$12.00 for senior 65 or older, or permanently disabled residential locations.

\*\*Proof required for senior citizen discount: proof of age, listed as property owner or lessee and alarm agreement holder.

\*\*Proof required for permanent disability: Copy of US Dept of Veterans Affairs ID or documentation showing at least 30% disability, or Washington State Dept of Licensing parking placard, listed as property owner or lessee and alarm agreement holder.

**Registration/Renewal Fees:**

**Residential or Commercial: \$24.00**

**Permanently Disabled or Senior (age 65 or older) \$12.00**

**\*\*PLEASE MAKE SURE YOUR EMERGENCY CONTACT INFORMATION IS UP TO DATE WITH YOUR ALARM MONITORING COMPANY\*\***

Office Use Only:  
Permit No: \_\_\_\_\_  
Clerk: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Method: \_\_\_\_\_

City of Fircrest  
**Alarm Permit Application**  
Permit Fee \$15.00

You must notify your monitoring  
Company of your Valid Permit  
Number for Police Response

I. Subscriber Information (Type or Print)

\_\_\_\_\_ Commercial/Non-Residential \_\_\_\_\_ Residential

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

Alarm Address: \_\_\_\_\_

Suite/Apt #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

II. Alarm Company Information

- Check here if self-installed- complete A and go to Section III.  
 Check here if this is a new installation- complete A, B, and C.  
 Check here if you are registering a change in ownership- complete A & B and go to Section III.  
 Check here if you are replacing a lost permit.

Old Permit Number (if known) \_\_\_\_\_

- A. Company monitoring alarm: Rapid Response (800) 932-3822 \_\_\_\_\_  
B. Company installing and/or servicing alarm: \_\_\_\_\_  
C. Electrical Inspection Permit No. (if required): \_\_\_\_\_

III. Emergency Notification

List three (3) individuals to respond with keys and alarm code in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The City of Fircrest Code 9.78 requires all businesses and residences with burglary/robbery alarm Systems to have valid alarm permits: **Pleas make checks payable to the City of Fircrest**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Office Use Only:  
Permit No: \_\_\_\_\_  
Clerk: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Method: \_\_\_\_\_

City of Fircrest  
Police Department

### **Alarm Information Sheet**

1. The permit is not transferable! If the home or business is sold, the permit holder must contact the Alarm Compliance Unit at 565-1198 and cancel the permit so as not to be held responsible for others using the alarm.
2. Operating any type of alarm system as defined by City of Fircrest Code 9.78 within the city limits of Fircrest without a permit or with an invalid permit, shall be guilty of a misdemeanor.
3. Each permit holder will be allowed two (2) false alarm responses within any six (6) month period. A service charge of sixty-five dollars (\$65.00) shall be billed to and paid by the permittee for each false alarm response in excess of two (2) responses during a six month period.
4. All overdue or unpaid charges will be turned over to a collection agency with the permittee being held liable under full process of civil law until the debt is paid.
5. The alarm permit may be revoked if more than two (2) false alarm responses by the police department occur during any six month period, or if the service charge as set forth in Item No. 4 is not paid within sixty (60) days of billing.
6. Permits are not required for motor vehicle alarms.
7. Permit holders are required to complete the lower portion of the false alarm notification form left at the premise by responding officers and mail it to the address supplied on the form within three (3) days of the false alarm.
8. Question/Information? Call 565-1198



# City of Lakewood Alarm Program

P.O. Box 142258, Irving, TX 75014, Phone No. (866) 950-8187

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

## ALARM PERMIT APPLICATION

(Please print)

Type of Alarm:  Residential  Business  Senior Citizen  Disabled  Govt. Entity  Burglary  Robbery/Panic

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party: [Grid]

Alarm Location: (Include Building/Apt #) (Include Suite or Unit #)

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address: (if different)

City: [Grid] State: [Grid] Zip: [Grid]

Email Address: [Grid]

Home Phone: [Grid] [Grid] [Grid] Cell Phone: [Grid] [Grid] [Grid]

Office Phone: [Grid] [Grid] [Grid]

### EMERGENCY CONTACTS

Name: [Grid]

Phone #1: [Grid] [Grid] [Grid] Phone #2: [Grid] [Grid] [Grid]

Name: [Grid]

Phone #1: [Grid] [Grid] [Grid] Phone #2: [Grid] [Grid] [Grid]

### SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the Lakewood Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)

Comment: [Grid]

### ALARM INSTALLATION DETAILS

Alarm Installation Date: [Grid] / [Grid] / [Grid] Phone #: [Grid] [Grid] [Grid]

Alarm Installation Company: [Grid]

Address: [Grid]

Monitoring Company: (if different)

Address: [Grid]

Phone #: [Grid] [Grid] [Grid]

### PLEASE READ THE FOLLOWING AND SIGN:

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) \_\_\_\_\_ Date: [Grid] / [Grid] / [Grid]

In accordance with the City of Lakewood Code of Ordinances, Chapter # 9.31, if you have an active alarm system in the City of Lakewood, it must be registered with the City for an annual fee of \$24.00 for Residential/Commercial and \$12.00 for Senior Citizen. Each false burglar is \$100.00. Each false robbery or panic is \$200.00.

For Customer Service Call: 1-866-950-8187

Mail this form and payment to:  
City of Lakewood Alarm Program  
P.O. Box 142258, Irving, TX 75014

Annual Registration/Renewal fee: \$24.00 for Residential/Commercial

Annual Registration/Renewal fee: \$12.00 for Senior or Disabled Citizens (62 or older for residential only).