



ALARM USER PERMIT APPLICATION

City of Happy Valley

16000 SE Misty Drive
Happy Valley, OR 97086-6299
Phone: 503-783-3800 Fax: 503-658-5174
www.happyvalleyor.gov

2017 ALARM USER/PREMISES INFORMATION

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

NEW RENEW LIC#

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

Office Use Only:

Fee: _____ Paid-CASH _____ CHECK # _____ CC _____ Receipt Number: _____ *FEE WAIVED _____ DATE RECEIVED:

Permit Number: _____ EXPIRATION Date: _____