

EXPIRATION DATE. \_\_\_\_\_  
FOR OFFICIAL USE ONLY

PERMIT NO. \_\_\_\_\_  
FOR OFFICIAL USE ONLY

## KPD ALARM REGISTRATION/PERMIT APPLICATION

### BUSINESS INFORMATION

Full Business Name:		DBA (Doing Business As) if applicable:	
Street/Physical Address:		Mailing Address:	
Business Phone Number:	Fax Phone Number:		E-mail Address:

### OWNER'S INFORMATION

Owner's Full Name:		Home Street Address:	
Home Mailing Address:		Home Phone Number:	
Personal Cell Phone Number:	Fax Phone Number:		Personal E-mail Address:

### MANAGER'S INFORMATION

Manager's Full Name:		Home Street Address:	
Home Mailing Address:		Home Phone Number:	
Personal Cell Phone Number:	Fax Phone Number:		Personal E-mail Address:

### 1<sup>ST</sup> PRIORITY CALL-OUT PERSON INFORMATION

Full Name:		Home Street Address:	
Home Mailing Address:		Home Phone Number:	
Personal Cell Phone Number:		Personal E-mail Address:	

### 2<sup>ND</sup> PRIORITY CALL-OUT PERSON INFORMATION

Full Name:		Home Street Address:	
Home Mailing Address:		Home Phone Number:	
Personal Cell Phone Number:		Personal E-mail Address:	

### RESIDENCE INFORMATION

Full Name:		Home Street Address:	
Home Mailing Address:		Home Phone Number:	
Personal Cell Phone Number:	Fax Phone Number:		Personal E-mail Address:

### ALARM SERVICE COMPANY INFORMATION

Name of Company:		Physical Address:	
Mailing Address:		Business Phone Number:	
Business Fax Number:	Business E-mail Address:		Contact Person's Name:

### TYPE OF ALARM SYSTEM

<input type="checkbox"/> <u>Burglar/Intrusion Alarm System</u>			
<input type="checkbox"/> a. Motion Sensor	<input type="checkbox"/> b. Contact Switch	<input type="checkbox"/> c. Panic Switch	<input type="checkbox"/> d. Video Recording
<input type="checkbox"/> e. Audio Recording	<input type="checkbox"/> f. Visual Warning	<input type="checkbox"/> g. Audible Warning	<input type="checkbox"/> h. Other
<input type="checkbox"/> <u>Fire/Smoke Sensor Alarm System</u>			
<input type="checkbox"/> a. Heat/Smoke Activated	<input type="checkbox"/> b. Panic Switch	<input type="checkbox"/> c. Video Recording	<input type="checkbox"/> d. Audio Recording
<input type="checkbox"/> e. Visual Warning	<input type="checkbox"/> f. Audible Warning	<input type="checkbox"/> g. Other	
<input type="checkbox"/> <u>Life Alert Alarm System</u>			
Name of person assigned to alarm:		Phone number:	
<input type="checkbox"/> <u>Hold-up Alarm System</u>			
Contact person:		Phone number:	
Describe:			
<input type="checkbox"/> <u>Other Type Alarm System</u>			
Contact person:		Phone number:	
Describe:			
Name of Authorizing Party:	Signature of Authorizing Party:		Title:

## **KPD ALARM REGISTRATION/PERMIT APPLICATION INSTRUCTIONS**

**Mail Payments To:** County of Kauai  
Alarm Records and Billing  
3990 Kaana Street, Suite 200  
Lihue, HI 96766

**Phone:** (808) 241-1909

In accordance to Kauai County Code, Ordinance 931, if you have a residential, commercial or governmental alarm, it must be registered with the Kauai Police Department prior to activation or installation. Fire, Auto and Medical alarms are excluded.

The non-transferable registration fee is \$25 for the first year and \$10 upon renewal each subsequent year. If KPD responds to an expired or unregistered alarm, the fine is **\$100** for each occurrence, whether it is an actual incident or a false alarm.

There is no charge for the first two false alarms within a 12-month period from the date of registration; however, the third false alarm, and all false alarms thereafter activated from any premises shall cause the alarm holder/user to be assessed a service charge of \$150 per occurrence. If an account has an outstanding balance, KPD has the discretion to hand all pertinent information over to a collection agency for remedy.

### **Registration/Permit Application:**

- Complete the above form and mail with your \$25 registration fee payable to the County of Kauai, Alarm Records and Billing, prior to the alarm being activated or installed. No cash please.
- All changes to the registration/permit need to be submitted in writing or faxed to (808) 241-1604.
- Annual renewal reminders are mailed out 30 days prior to expiration. It is the responsibility of the alarm holder/user to keep the account current to avoid fines and fees. Not receiving an annual renewal form is not a valid excuse for non-payment.
- If the alarm holder/user has one or more alarm systems protecting two or more separate structures having different addresses, a separate Alarm Registration/Permit Application shall be required for each such structure.
- Change to any information on the Alarm Registration/Permit Application shall be reported to the KPD Alarm Records and Billing office within 30 days of the change. Failure to submit the correct information within 30 days of the change may result in revocation of the registration/permit.

**If the home/business is sold, the alarm is deactivated, or the service terminated; a written request must be made to the Alarm Records and Billing office to cancel the registration/permit. Also, all unmonitored alarms are required to be registered.**

Please call (808) 241-1909 for questions regarding the permit application, billing or payment process. All questions regarding alarm activation, deactivation, service and maintenance should be addressed with your alarm company. To make changes to your account, go to [www.kauai.gov/police](http://www.kauai.gov/police) to download the application, then make the necessary changes and mail or fax it to the Alarm Records and Billing office.