



# 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 : \_\_\_\_\_

Monitoring Company: (if different) \_\_\_\_\_

Monitoring Company Address & Phone # : \_\_\_\_\_

### 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 deputies, 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: \_\_\_\_\_