



ALARM PERMIT APPLICATION

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

BUSINESS

RESIDENTIAL ***SENIOR-DATE OF BIRTH** / /
(62 or older) (seniors only)

PERMANENT DISABILITY **Proof Required *Senior Rate/Permanent Disability-Residential Only
Per R.C.W.46.16.381 Owner/Lessee of Property Alarm Agreement Must Be in Your Name
Contact 1-866-950-9901 For requirements

Name of responsible party:

Type of Business Conducted:

Business Name:

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

City: State: Zip:

Billing Address:
(if different)

City: State: Zip:

Email Address:

Home Phone: 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, hazardous substances, etc.)

Comment:

ALARM INSTALLATION DETAILS

Alarm Installation Date: / /

Alarm Installation Company:

Installation Company Address:

Phone #:

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 officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____ Date: / /

In accordance with Issaquah Municipal Code Chapter 5.50, if you have an alarm system within the city limits of Issaquah, it must be registered with the city beginning 08/03/2009. The City of Issaquah has established a policy for permits to be valid for two (2) years. Alarm users without a false alarm during their two (2) year permit period will be provided the opportunity to renew their permit without a fee charge. Each false burglary alarm is \$100.00. Each false robbery/panic alarm is \$200.00. Police response may be suspended after five (5) false alarms within your permit period.

Make Checks Payable To: City of Issaquah

Biannual (2 years) Permit Fee: \$24.00
Seniors (62 or older) Permit Fee: \$12.00
Permanent Disabled Permit Fee: \$12.00

www.ci.issaquah.wa.us
www.atbservices.com/issaquah
For Customer Service Call: 1-866-950-9901

Return this form and permit fee to:
City of Issaquah, C/O ATB Services, PO Box 26364,
Colorado Springs, CO 80936