



# Clackamas County Sheriff's Office

Location Type:

DEPARTMENT USE ONLY	
Date Received	
Amount Received	
Permit Number	

## ALARM PERMIT APPLICATION

Please complete the application below. This provides law enforcement first-hand information to contact you in the event criminal activity is discovered or your property is found unsecure.

**Return with registration fee (if applicable) to:  
CCSO ALARM UNIT, 2223 KAEN RD, OREGON CITY, OR 97045**

### PREMISES INFORMATION

**Name of Resident or Business:** \_\_\_\_\_ **Date of Birth (if Resident)** \_\_\_\_\_

**ADDRESS (Include Apt/Suite#)**

Gate Code (If Applicable)

**City/State/Zip:**

**Phone#1**

**Phone#2**

**EMAIL (By entering your email address, you are authorizing correspondence be delivered by email)**

**Email Address:**

### MAILING ADDRESS/RESPONSIBLE PARTY:

**Name:**

Phone 1

Phone 2

**Billing Address:**

### ALARM INFORMATION

**Monitoring Company:**

**Installing Company:**

### ALTERNATE CONTACTS (if different from above)

**NAME (First Last)**

**Phone 1**

**Phone 2**

**Phone 3**

1.

2.

3.

### INSTRUCTIONS FOR FIRST RESPONDERS

(Hazardous conditions, special directions, on-site security, guard dogs etc.)

**Are there security cameras installed at this location?**

Yes

No

By signing below, I confirm that the information provided on the application is accurate and correct to the best of my knowledge. I have read and understand the terms and responsibilities of the permit issued.

Signature \_\_\_\_\_

Date \_\_\_\_\_