



Clackamas County Sheriff's Office

CRAIG ROBERTS, Sheriff

ALARM PERMIT APPLICATION

Complete the portion of the application that applies to your requested permit, RESIDENTIAL/BUSINESS. Print all information clearly and completely. The permit is renewed yearly as established by the date your application is processed. If questions, please call the Alarm Unit at: **503-785-5183**

DEPARTMENT USE ONLY	
Date Received:	
Amount Received:	
Permit Number	

RESIDENTIAL APPLICATION: (Fee \$20 billed annually, primary residents 65+ are exempt from annual fee)

Permit Holder Name: _____ DOB: ___/___/___

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Alarm Location Address: _____
Street Address Apt/Condo/Suite# City Zip Code

Mailing/Billing Address (If different): _____

Home: (____) _____ Work (____) _____ Cell#1: (____) _____ Cell#2: (____) _____

Email Address: _____ Gate Code: _____

BUSINESS APPLICATION:(Fee \$50 annually, governmental agencies are exempt from the permit fee)

Business Name: _____

Alarm Location Address: _____
Include Suite or Apt # City Zip Code

Billing Address: _____
(If different from alarm site)

Business Phone (____) _____ Email Address: _____ Gate Code: _____

FOR BUSINESS AND RESIDENTIAL APPLICANTS

ALARM MONITORING COMPANY _____ 24 Hour Phone# :(____) _____

TYPE OF ALARM: AUDIBLE ONLY SILENT PANIC ROBBERY/HOLD-UP SURVEILLANCE CAMERA

CONTACTS: Please list up to three (3) people that have permission to grant access or secure the alarm property in the event the owner/occupant cannot be reached.

NAME	RELATIONSHIP	HOME #	CELL#

The applicant acknowledges that he/she has read & understands the attached terms & responsibilities of the permit issued. Failure to renew your permit may result in applicable fines and possible suspension of law enforcement response to alarm calls. The permit holder is responsible for amending any information contained on the application. Moving from the alarm location or disconnecting the alarm system must also be reported.

APPLICANTS SIGNATURE

DATE

MAIL TO: CLACKAMAS COUNTY SHERIFF'S OFFICE ATTN: ALARM PERMITS•2223 KAEN RD•OREGON CITY, OR 97045 MAKE CHECK OR MONEY ORDER TO: CLACKAMAS COUNTY SHERIFF'S OFFICE	RETURN IN PERSON•M-Th 9-5 TO: 9101 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015
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"Working Together to Make a Difference"

ALARM ORDINANCE SUMMARY

The Clackamas County Alarm Ordinance (Chapter 8.07) was enacted to help reduce the number of false alarms that the Sheriff's Office receives. Currently over 98% of all burglary and robbery alarms prove false. Deputies are dispatched to all alarm calls; reducing false alarms helps ensure a more efficient use of limited county law enforcement services.

PERMIT TERM: The alarm permit is valid for a twelve (12) month period beginning on the date of issuance as stated on the permit.

PERMIT RENEWAL: Renewal notices are mailed approximately one month prior to the permit expiration date. The permit holder is responsible for submitting the applicable renewal fee and any account information updates to the Sheriff's Office Alarm Unit on or before the expiration date.

OPERATING AN ALARM SYSTEM WITHOUT A VALID PERMIT IS A VIOLATION OF THE ALARM ORDINANCE; FAILURE TO COMPLY MAY SUSPEND FURTHER LAW ENFORCEMENT RESPONSE TO THE SUBJECT ADDRESS WITHOUT FURTHER NOTICE (CHAPTER 8.07.040)

FALSE ALARMS AND PERMIT SUSPENSION

The ordinance allows up to four (4) false alarms during the one year permit period. Receiving a fourth false alarm shall be cause to suspend the alarm permit for one year from the date of the last false alarm. A *Notice of Suspension, which unless appealed in accordance with the alarm chapter, will be effective and final on the date of mailing without further notice.

FALSE ALARM FINES & ADDITIONAL FEES:

1st False Alarm---No Charge
2nd False Alarm---\$100
3rd False Alarm---\$150
4th and Subsequent False Alarms---\$200 each
Failure to obtain a permit---\$75
Late fee---\$25

*An appeal of Notice of Suspension of an alarm permit may be made by a permit applicant and must be received within 14 days from the date of mailing of the notice. It must set forth an explanation why the permit should not be suspended, an explanation if any for the False Alarms to include supporting or mitigating information, and describe actions taken to eliminate a future False Alarm.

To apply online or learn more about alarm permit requirements, please visit our website at:

<http://www.clackamas.us/sheriff/alarmordinance.html>

Our office hours are Monday-Thursday, 9 a.m. to 5 p.m.

503-785-5183.

MAILING ADDRESS:

Clackamas County Sheriff's Office
Attn: Alarm Permits
2223 Kaen Rd•Oregon City, OR 97045

PHYSICAL ADDRESS:

Clackamas County Sheriff's Office
9101 SE Sunnybrook Blvd
Clackamas, OR 97015