



OFFICE OF THE SHERIFF
CURTIS L. LANDERS
225 W. Olive Street
Newport, Oregon 97365
(541) 265-4277
Fax (541) 265-4917

APPLICATION FOR ALARM USER PERMIT
FEE: \$10.00 Renewal
\$45.00 New Applicant
(GOOD FOR 1 YEAR)

DATE: _____ **NEW ALARM [] RENEWAL []**

Pursuant to the Lincoln County Public Safety Alarm Ordinance, LCC 7.705 to 7.785, every alarm user shall obtain a permit for each alarm system within Lincoln County. Please complete this application form and return it with the **\$10.00** renewal permit fee or **\$45.00** new applicant fee to the Lincoln County Sheriff's Office, 225 W. Olive, Newport, Oregon 97365. If the alarm permit holder fails to renew their permit within 30 days after expiration, they must pay the \$45 fee for the first time applicants and not the \$10 renewal fee. Please make checks payable to the Lincoln County Sheriff's Office. The permit is good for one year. All information entered on this form will remain confidential, and will only be used by the Lincoln County Sheriff's Office and the Willamette Valley Communications Center for the purposes of administering responsibilities under the Alarm Ordinance.

HOME OWNER'S NAME: _____ **PHONE:** _____

MAILING ADDRESS: _____

HOME OWNER'S PHYSICAL ADDRESS: _____

ADDRESS OF ALARM SYSTEM: _____

TYPE OF SYSTEM: _____

OR

BUSINESS NAME: _____

NAME AND TITLES OF BUSINESS PARTNERS/CORP OFFICERS: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

ADDRESS OF ALARM SYSTEM: _____

TYPE OF SYSTEM: _____

(Continued on the back)

NAME OF INSTALLER: _____
INSTALLER'S STATE LICENSE NUMBER: _____
INSTALLER'S MAILING ADDRESS: _____
CONTACT PERSON AND PHONE: _____

COMPANY MAINTAINING/REPAIRING SYSTEM: _____
MAINTENANCE COMPANY ADDRESS: _____
CONTACT PERSON AND PHONE: _____

NAME OF MONITORING CO: _____
MAILING ADDRESS: _____
CONTACT PERSON AND PHONE: _____

PERSON(S) AUTHORIZED TO RESPOND AND ENTER OR OPEN THE PREMISES WHERE ALARM IS INSTALLED:

- 1. NAME:** _____ **PHONE:** _____
2. NAME: _____ **PHONE:** _____
3. NAME: _____ **PHONE:** _____

I, the undersigned, have received a copy of the Lincoln County Alarm Ordinance and am aware of the conditions of this alarm ordinance. I further understand that this permit can be revoked for any of the following reasons: Any false or incomplete statement made on this application; failure to comply with any section of the ordinance provisions 7.705 to 7.785; failure to pay a false alarm fee within 30 days of demand. A party may appeal a revocation of a permit under section 7.705 to 7.785 of this ordinance. I further understand that each permit shall remain in effect for a period of one year from the date of issuance unless the permit is suspended or revoked, or the alarm equipment installer, supplier, or alarm monitoring service is discontinued, or the person or persons, or organizations owning, leasing, renting, or in control of the protected premises changes. In the event any of the above conditions occur, the permit shall be null and void, and continued use of an alarm system shall be deemed in violation of LCC 7.705 to 7.785, subject to the penalties provision of LCC 7.770.

SIGNATURE: _____ **DATE:** _____