

# SECURITY ALARM USER PERMIT APPLICATION

## For City of Vancouver Alarm Users

### VANCOUVER POLICE ALARM UNIT

P.O. BOX 1995, VANCOUVER, WA 98668-1995

(360) 487-7403 FAX (360) 694-9646 SEE BACK OF FORM

FOR ALARM UNIT USE ONLY

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

DATE ISSUED: \_\_\_\_\_

1A) Name of 1<sup>st</sup> Alarm User: A) \_\_\_\_\_  
(If business, use advertised name. If residence, use LAST AND FIRST name of adult.)

1B) Name of 2<sup>nd</sup> Alarm User: B) \_\_\_\_\_  
(If business, print owner's name)

2) Registration Fee Exemption Request (proof required - see back):  Age 62 or older  Economic Condition

3) Alarm Location:  Business - Type of Business: \_\_\_\_\_  
 Residence - Type of Residence:  House  Condominium  Apartment  Other: \_\_\_\_\_

4) Street Address: \_\_\_\_\_  
Street Name City and State Zip Code

5) Mailing Address: \_\_\_\_\_  
If different than street address City and State Zip Code

6) Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

7) Type of Burglar Alarm System:  Audible Only (local siren)  Monitored Only (by Alarm Company)  Both

8A) Alarm Monitoring Company: \_\_\_\_\_ 24 Hour Phone #: \_\_\_\_\_

8B) Installation/Service Company: \_\_\_\_\_ 24 Hour Phone #: \_\_\_\_\_

9) Emergency Contact Information: List **two (2) people other than those listed on Line 1** who possess a key and have your permission to assist the police department with securing your premises and deactivating the alarm:

Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

10) Instructions to help officers respond/search your premises (example: special directions, guard dog present, additional contacts or phone numbers, medical conditions): \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge. I reviewed both sides of this permit application and accept responsibility for any and all fees and/or fines accrued by use of my alarm system in accordance with VMC 8.52.

11) Authorized Signature (Required): \_\_\_\_\_ Date Signed (Required): \_\_\_\_\_

Print Name (Required): \_\_\_\_\_



**THIS PERMIT APPLICATION IS FOR ALARM LOCATIONS WITHIN THE CITY LIMITS OF VANCOUVER.** For all other locations please call your local police jurisdiction for alarm permit information. The following information is a summary of the ordinance. The Alarm Ordinance, Vancouver Municipal Code 8.52, is available online at <http://www.ci.vancouver.wa.us/MunicipalCode.asp>.

COMPLETE THE APPLICATION FORM ON THE REVERSE SIDE AND RETURN TO THE VANCOUVER POLICE DEPARTMENT. TO AVOID A FINE, APPLY WITHIN 30 DAYS OF SYSTEM ACTIVATION.

**PERMIT FEE:** \$20 per year – **PLEASE DO NOT SEND ANY MONEY WITH THE PERMIT APPLICATION.**

Security alarm system users are required to apply for and obtain an annual permit to use the system. The City of Vancouver will send an invoice for the annual permit fee. VMC 8.52 requires that you keep your alarm permit information updated with the police department. **AGE EXEMPTION:** Primary residential alarm users age 62 or older may request exemption from the permit fee by providing a copy of their driver’s license or birth certificate. **ECONOMIC EXEMPTION:** Primary residential alarm users who are eligible for the federal food stamp program may request exemption from the permit fee by providing proof of economic hardship each year.

**FALSE ALARM FINES:**

A false alarm is the activation of any security alarm system by other than forced entry, attempted forced entry, unlawful entry, or actual burglary or robbery at the alarm site. Alarm users are responsible for paying false alarm fines regardless of age or economic condition.

1 <sup>st</sup> Response	\$ 50.00	<b>Waiver*</b>
2 <sup>nd</sup> Response within 12 months of 1 <sup>st</sup> response	\$ 100.00	
3 <sup>rd</sup> Response within 12 months of 1 <sup>st</sup> response	\$ 150.00	
4 <sup>th</sup> Response within 12 months of 1 <sup>st</sup> response	\$ 200.00	
5 <sup>th</sup> Response within 12 months of 1 <sup>st</sup> response	\$ 250.00	
6 <sup>th</sup> (or additional) Response within 12 months of 1 <sup>st</sup> response	\$ 300.00	<b>Disconnect**</b>

\*A waiver request form will be mailed with each notice of a 1<sup>st</sup> false alarm. The 1<sup>st</sup> false alarm response fee may be waived if the alarm owner agrees in writing to take responsibility for the alarm system and states that corrective action has been taken; however, the 1<sup>st</sup> false alarm response will remain on record.

\*\*Order of Disconnect and Directive of Non-Response may be sent to the alarm owner, alarm company and 911 after the 6th false alarm.

**APPEAL PROCESS:**

Alarm owners subject to fine/penalty or other administrative action are entitled to appeal. An appeal must be filed in writing to the chief of police within ten (10) days of receipt of notice and should include evidence of a crime or attempted crime documented by a police report.

**FALSE ALARM PREVENTION QUICK TIPS**

- Test your alarm system monthly
- Lock your doors and windows
- Know how to cancel a known false alarm
- Require at least two verification phone calls
- Install a battery back-up of at least four hours
- Communicate all schedule changes to your alarm company
- Use “pet friendly” motion detectors
- Train all alarm system users including janitorial staff
- Provide refresher training periodically
- Call your alarm company with any questions

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