the City of MUSKEGO

Amount: $50.00 – One Time Fee
Acct. #100.01.02.00.4266 (2-217)

Receipt # _____

ALARM SYSTEM APPLICATION AND PERMIT

1. Type of Alarm: Residential ◯ Business ◯

2. Property Owner Information

Name

Address | City / State / Zip

Phone Number | Email Address

Contact Information (Name & Phone Number)

3. Alarm System Company Information

Company Name | 24-Hr. Phone Number

Address | City / State / Zip

Alarm System Information - Select all that apply

- Alarm Signal: Audio ☐ Visual ☐ Silent ☐

Note: Automatic dialer not permitted to Police Department. Central Station personnel may relay auto dialer message.

- Event Detected: Intrusion ☐ Holdup ☐ Both ☐ Fire ☐ Other ☐

4. Persons Able to Respond to Alarm within ½ Hour (Other than property owner)

Name | Address | Phone

Name | Address | Phone

X_____
Applicant's Signature

X_____
Date

Office Use Only

Permit #: _____ Municipal Code Chapter 129 Provided:_____
(Staff Initials)