



# ALARM PERMIT APPLICATION

**\*\* YOU MUST NOTIFY YOUR MONITORING COMPANY OF YOUR VAILID PERMIT NUMBER FOR A POLICE RESPONSE.**

<b>OFFICE USE ONLY</b> Permit Number: _____ Clerk: _____ Amount: _____ Date: _____
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Alarm Number: \_\_\_\_\_ Type: Burglary \_\_\_\_\_, Panic: \_\_\_\_\_, Fire: \_\_\_\_\_, Medical: \_\_\_\_\_  
Silent: \_\_\_\_\_ Yes/No Auto Reset: \_\_\_\_\_ minutes

**Business/Residence (circle one)**

Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_

**Permittee:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State : \_\_\_\_\_ Zip : \_\_\_\_\_

**Alternate Contacts/Responders:**

First: \_\_\_\_\_ Phone 1: \_\_\_\_\_  
Second: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Third : \_\_\_\_\_ Phone 3: \_\_\_\_\_

**Alarm Company Information**

Company Monitoring : \_\_\_\_\_ Phone : \_\_\_\_\_  
Company Installing/Serviceing : \_\_\_\_\_ Phone : \_\_\_\_\_

**Comments:**

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**Make all checks payable to the City of DuPont. All returned or insufficient fund checks will result in cancellation of the permit and a returned check charge of \$25.00.**

**Bring applications to: City of DuPont, Attn: Alarm Coordinator, 1700 Civic Drive, DuPont, WA 98327**

**Chapter 9.13 of the DuPont Municipal Code requires all businesses and residences with alarm systems to have valid alarm permits. Failure to complete this application, or to pay your \$50.00 fee, will result in a Notice of Infraction (NOI) being issued.**

*Original for City records, Copy to Police, Copy to Permittee*