



RESIDENTIAL ALARM USER PERMIT APPLICATION

Portland Police Alarm Administration
PO Box 1867
Portland, OR 97207
Phone: (503) 823-0031
Fax: (503) 823-0507
Alarms@PortlandOregon.gov

OFFICIAL USE ONLY

Date Received: _____

Amount Received: _____

Alarm Permit# _____

Date Issued: _____

ALARM USER INFORMATION

Name _____ Date of Birth (Senior Discount) ___ / ___ / ___

Additional Name _____ Date of Birth (Senior Discount) ___ / ___ / ___

Street Address _____

City _____ State _____ Zip _____

Residence Phone# _____

Mailing Address (if different): _____

City _____ State _____ Zip _____ Email: _____

RESIDENTIAL ALARM PERMIT FEE: \$25 ANNUALLY

Senior Discount: Permit fee is waived if resident is age 62 or older, lives in the home 12 months/year, and can submit a copy of their Oregon State ID as proof of age and residency.

Please email or mail your completed alarm permit application to the alarms office. Once it's processed, we will send you an invoice number and permit number so you may pay your permit fee online. Checks and money orders are also accepted. Email: alarms@portlandoregon.gov Mail: Portland Police Alarms, P.O. Box 1867, Portland, OR 97207-1867. Note: If our office mailed you this application with an invoice and permit number on the other side, please pay your permit fee online at www.portlandoregon.gov/police/alarmpayments, then email or mail the completed application to our office.

ALARM COMPANY INFORMATION

Alarm Company: _____ 24-Hours Phone#: _____

Monitoring Company: _____ 24-Hours Phone#: _____

EMERGENCY CONTACT INFORMATION:

Name Primary Phone Alternate Phone

Contact / Alarm User #1 _____

Contact / Alarm User #2 _____

Contact / Alarm User #3 _____

SPECIAL INSTRUCTION FOR OFFICER RESPONSE: (Special directions, firearms, guard dog, security guard, etc) _____

Persons with sight, hearing or speech disabilities: _____

Other Instructions: _____

SIGNATURE: _____

DATE: _____