



COMMERCIAL/BUSINESS 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 of Company: _____

Contact Name : _____

Street Address _____

City _____ State _____ Zip _____

Company Phone # _____

Mailing Address (if different): _____

City _____ State _____ Zip _____ **Email:** _____

COMMERCIAL ALARM PERMIT FEE: \$125 ANNUALLY

Acceptable form of payment: Check/Money Order/ VISA/ MC/AMEX/Discover

Credit Card # _____ Expiration ____ / ____ Security Code ____

ALARM COMPANY INFORMATION

Alarm Company: _____

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, marijuana business, guard dog, security guard, firearms, etc)

SIGNATURE: _____ **DATE:** _____