

Application	Date:	

Alarm Permit Registration (In Accordance with Cannon Beach Municipal Code 8.24)

Alarmed Location:					
Property Name:					
Physical Address:					
City / State / Zip:					
Property Phone Number:					
Billing Information:					
Name:					
Mailing Address:					
City / State / Zip:					
Billing Phone:					
Contacts / Respons	ible Parties In t	the Event of	an Alarm:		
First Contact:		Phone(s):		
Second Contact:		Phone(
Local Contact:		Phone(s):			
Alarm Company Inf	ormation:				
Monitoring Company Nar	me:		Phon	e:	
Dealer / Installer Name:			Phon	e:	
ALARM TYPE:	☐Audible Only	□Monito	ed Only	☐Audible & Monitored	
Any Additional Informa	ation:				
	_				
ALARMS INSTALLED:	□Burglary	□Fire	□Panic	□Medical	
Signature of Applicant: _			Date:		
Key at CBPD:					
Permit Number: Date Issued:					
Amount Paid:	(One Time Application Fee of \$15.00)				
KnoxBox Installed:	KnoxBox Waiver on File				