



DES MOINES POLICE DEPARTMENT
 21900 - 11TH AVENUE SOUTH
 DES MOINES, WA 98198-6319
 (206) 878-3301

OFFICE USE ONLY	
PERMIT #:	_____
CLERK:	_____
AMOUNT:	_____
DATE ISSUED:	_____
RECEIPT #:	_____
ENTERED BY:	_____

ALARM REGISTRATION APPLICATION

DATE _____ NEW REPLACE DECAL # _____ UPDATE

I. SUBSCRIBER INFORMATION

(PLEASE TYPE OR PRINT LEGIBLY WITH BALLPOINT PEN)

COMMERCIAL RESIDENTIAL OWNER OCCUPIED RENTAL

BUSINESS /RESIDENT'S NAME _____ PHONE 1 _____
 PHONE 2 _____

STREET ADDRESS _____ UNIT # _____

OWNER'S NAME _____ ALTERNATE PHONE _____

BILLING ADDRESS _____

TYPE OF BUSINESS _____

ANIMALS ON PREMISE YES NO TYPE _____ NUMBER OF ANIMALS _____

II. ALARM COMPANY INFORMATION

ALARM COMPANY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF ALARM: AUDIBLE SILENT

III. EMERGENCY NOTIFICATION

LIST TWO RESPONSIBLE REPRESENTATIVES (OTHER THAN THE APPLICANT) WHO WILL HAVE KEYS AND RESPOND WITHIN 30 MINUTES TO AN ALARM ACTIVATION TO ASSIST THE POLICE IN DETERMINING THE CAUSE OF THE ALARM ACTIVATION AND TO SECURE THE PREMISES.

1. NAME _____
 DAY TELEPHONE (_____) _____ NIGHT TELEPHONE (_____) _____

2. NAME _____
 DAY TELEPHONE (_____) _____ NIGHT TELEPHONE (_____) _____

CITY OF DES MOINES ORDINANCE 1360 REQUIRES ALL BUSINESSES AND RESIDENCES WITH BURGLARY ALARM SYSTEMS TO HAVE A VALID ALARM REGISTRATION. FAILURE TO COMPLETE THIS APPLICATION, OR TO PAY YOUR \$25 FEE COULD RESULT IN NO POLICE RESPONSE TO YOUR ALARM SYSTEM, AND/OR A PENALTY OF \$200.

REGISTRATION OF AN ALARM SYSTEM IS NOT INTENDED TO, NOR WILL IT, CREATE A CONTRACT, DUTY OR OBLIGATION, EITHER EXPRESSED OR IMPLIED, OF RESPONSE BY THE CITY OF DES MOINES POLICE DEPARTMENT. ANY AND ALL LIABILITY AND CONSEQUENTIAL DAMAGE RESULTING FROM FAILURE TO RESPOND TO A NOTIFICATION IS HEREBY DISCLAIMED AND GOVERNMENTAL IMMUNITY AS PROVIDED BY LAW IS RETAINED. BY REGISTERING AN ALARM SYSTEM, THE ALARM USER ACKNOWLEDGES THAT POLICE RESPONSE MAY BE BASED ON MANY FACTORS, INCLUDING BUT NOT LIMITED TO AVAILABILITY OF POLICE UNITS, PRIORITY OF CALLS, WEATHER CONDITIONS, TRAFFIC CONDITIONS, EMERGENCY CONDITIONS, AND STAFFING LEVELS.

SIGNATURE _____

MAKE CHECKS PAYABLE TO CITY OF DES MOINES
MAIL TO: DES MOINES POLICE DEPARTMENT
 21900 - 11TH AVENUE SOUTH
 DES MOINES, WA 98198-6319

HELP PREVENT FALSE ALARMS