



# Clackamas County Sheriff's Office

CRAIG ROBERTS, Sheriff

## ALARM PERMIT APPLICATION

Please complete and return this application or apply online at: [www.clackamas.us/sheriff](http://www.clackamas.us/sheriff)

If you have an assigned permit number and are applying online, please select:  
**RESPOND TO MAILED APPLICATION REQUEST.**

The Alarm Unit can be reached at: **503-785-5183**

DEPARTMENT USE ONLY	
Date Received:	
Amount Received:	
Permit Number	

### RESIDENTIAL APPLICATION: (Fee \$20 billed annually, primary residents 65+ are exempt from annual fee)

Permit Holder Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Permit Holder Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Alarm Location Address: \_\_\_\_\_  
Street Address Apt/Condo/Suite# City Zip Code

Mailing/Billing Address (If different): \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell #1: (\_\_\_\_\_) \_\_\_\_\_ Cell #2: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### BUSINESS APPLICATION:(Fee \$50 annually, governmental agencies are exempt from the permit fee)

Business Name: \_\_\_\_\_

Alarm Location Address: \_\_\_\_\_  
Include Suite or Apt # City Zip Code

Billing Address: \_\_\_\_\_  
(If different from alarm site)

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### FOR BUSINESS AND RESIDENTIAL APPLICANTS

ALARM MONITORING COMPANY \_\_\_\_\_ 24-Hour Phone # :(\_\_\_\_\_) \_\_\_\_\_

SURVEILLANCE CAMERA     AUDIBLE ONLY/ NOT MONITORED     EXTERIOR GATE CODE \_\_\_\_\_

**CONTACTS:** Please list up to three (3) people that have permission to grant access or secure the alarm property in the event the owner/occupant cannot be reached.

NAME	RELATIONSHIP	PHONE #1	PHONE #2

The applicant acknowledges that he/she has read & understands the attached terms & responsibilities of the permit issued. Failure to renew your permit may result in applicable fines and possible suspension of law enforcement response to alarm calls. The permit holder is responsible for amending any information contained on the application. Moving from the alarm location or disconnecting the alarm system must also be reported.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

<b>MAIL TO:</b> CLACKAMAS COUNTY SHERIFF'S OFFICE ATTN: ALARM PERMITS•2223 KAEN RD•OREGON CITY, OR 97045 <b>MAKE CHECK OR MONEY ORDER TO: CLACKAMAS COUNTY SHERIFF'S OFFICE</b>	<b>RETURN IN PERSON•M-F 9-5 TO:</b> 9101 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015
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*"Working Together to Make a Difference"*

## **ALARM ORDINANCE SUMMARY**

The Clackamas County Alarm Ordinance (Chapter 8.07) was enacted to help reduce the number of false alarms that the Sheriff's Office receives. Currently over 98% of all burglary and robbery alarms prove false. Deputies are dispatched to all alarm calls; reducing false alarms helps ensure a more efficient use of limited county law enforcement services.

### **OPERATING AN ALARM SYSTEM WITHOUT A VAILD PERMIT IS A VIOLATION OF THE ALARM ORDINANCE;**

### **FAILURE TO COMPLY MAY SUSPEND FURTHER LAW ENFORCEMENT SERVICES TO THE SUBJECT ADDRESS WITHOUT FURTHER NOTICE (CHAPTER 8.07.040)**

**PERMIT TERM:** The alarm permit is valid for a twelve (12) month period beginning on the date of issuance as stated on the permit.

**PERMIT RENEWAL:** Renewal notices are mailed approximately one month prior to the permit expiration date. The permit holder is responsible for submitting the applicable renewal fee and any account information updates to the Sheriff's Office Alarm Unit on or before the expiration date.

#### **FALSE ALARMS AND PERMIT SUSPENSION**

The ordinance allows up to four (4) false alarms during the one year permit period. Receiving a fourth false alarm shall be cause to suspend the alarm permit for one year from the date of the last false alarm. A Notice of Suspension, which unless \*appealed in accordance with the alarm chapter, will be effective and final on the date of mailing without further notice.

#### **FALSE ALARM FINES & ADDITIONAL FEES:**

1st False Alarm---No Charge  
2nd False Alarm---\$50  
3rd False Alarm---\$100  
4th False Alarm---\$150  
**Failure to obtain a permit---\$75**

\*An appeal of Notice of Suspension of an alarm permit may be made by a permit applicant and must be received within 14 days from the date of mailing of the notice. It must set forth an explanation why the permit should not be suspended, an explanation if any for the False Alarms to include supporting or mitigating information, and describe actions taken to eliminate a future False Alarm.

To apply online or learn more about alarm permit requirements, please visit our website at:

<http://www.clackamas.us/sheriff>

**Our office is located at: 9101 SE Sunnybrook Blvd, Clackamas, or 97015**  
**Office hours are Monday-Friday, 9 a.m. to 5 p.m.**  
**503-785-5183**

#### **MAIL APPLICATION TO:**

Clackamas County Sheriff's Office  
Attn: Alarm Permits  
2223 Kaen Rd•Oregon City, OR 97045

#### **DELIVER IN PERSON TO:**

Clackamas County Sheriff's Office  
9101 SE Sunnybrook Blvd  
Clackamas, OR 97015

PLEASE KEEP THIS COPY FOR YOUR RECORDS.