

# CANBY POLICE DEPARTMENT



**FOR RESIDENCES** (One year permits \$20.00, over 65 are exempt from permit fee):

1. Alarm user's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Spouse's name: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_
3. Type of home (Check one): House \_\_\_\_\_ Apt \_\_\_\_\_ Condo \_\_\_\_\_ Other \_\_\_\_\_

**FOR BUSINESSES** (One year permits are \$20.00, Governmental Agencies are exempt from permit fee):

1. Name of business: \_\_\_\_\_
2. Type of business: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**FOR BOTH RESIDENCE & BUSINESS:**

4. Street address: \_\_\_\_\_
5. City: \_\_\_\_\_ Zip code: \_\_\_\_\_
6. Mailing address (if different): \_\_\_\_\_
7. Type of alarm (check one):  
Audible only \_\_\_\_\_ Silent only \_\_\_\_\_ Silent & Audible \_\_\_\_\_ Robbery (hold-up alarm): \_\_\_\_\_
8. Alarm company name: \_\_\_\_\_ 24 hr phone #: \_\_\_\_\_
9. On premise surveillance camera? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Gate code (If any): \_\_\_\_\_
11. Please list up to three contacts in the event of an alarm:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>HOME #</u>	<u>WORK #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: CANBY POLICE DEPARTMENT

Mail this form to: Canby Police Department  
Attn: Alarm Permits  
PO Box 930  
Canby, OR 97013

INTERNAL USE ONLY  
PERMIT #: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
FEE AMT: \_\_\_\_\_