



# CITY OF SUBLIMITY

PO Box 146 · 245 NW Johnson · Sublimity, OR 97385  
 Phone (503)769-5475 · Fax (503)769-2206

## ALARM PERMIT APPLICATION / RENEWAL FORM

APPLICANT NAME _____	Home Phone _____
Alarm Address _____	
Mailing Address _____	Business Phone _____
City, State, Zip      Sublimity, OR 97385	E-mail _____
Responsible Person Information: Please list the names of persons you wish to have as "Responsible Person(s)" that may be contacted in case of an alarm activation. City Ordinance requires two be listed. The persons listed must have access to the residence/business and be able to reset the alarm.	
Name: _____	<b>IF YOUR ALARM SYSTEM IS NO LONGER ACTIVE, PLEASE SIGN AND DATE THE FORM BELOW AND RETURN IT TO THE ABOVE ADDRESS MARK "NO ALARM" ACROSS THE FORM</b>
Phone: _____ Other Phone # _____	
Name: _____	
Phone: _____ Other Phone # _____	
<b>Alarm Information - Please check as many as apply</b>	
Type of Alarm System: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Fire <input type="checkbox"/> Burglary/Intrusion <input type="checkbox"/> Medical <input type="checkbox"/> Robbery/Panic	
Alarm Type:            ( ) Audible    ( ) Silent    ( ) Both <input type="checkbox"/> Other(Please Describe) _____	
<b>Security/Safety - PLEASE MAKE ANY NECESSARY CHANGES BELOW</b>	
Monitoring Company _____	Phone Number _____
After Hours Emerg. Contact _____	Phone Number _____
After Hours Emerg. Contact _____	Phone Number _____

I (We) the undersigned, declare under the penalties of perjury and the denial of a permit or revocation of any permit granted that I (We) am (are) the applicant(s) or authorized representative(s) of the firm verifying this permit and that the answers are correct.

Signature of Applicant	Printed Name	Title	Date
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Signature of Applicant	Printed Name	Title	Date
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