

City of Kirkland - Alarm Permits 123 5th Avenue Kirkland, WA 98033 425.587.3142

Email: falsealarm@kirklandwa.gov

OFFICE USE ONLY			
#4601			
#4602			
#3082			
CHECK #			
RECEIPT#			
PERMIT#			

ALARM REGISTRATION APPLICATION

Kirkland Municipal Code section 21.35A.040 requires the registration of all monitored and non-monitored security alarms. Please be certain your residence/place of business is within City Limits before submitting this registration. Persons over the age of 62 must register but are exempt from registration fees and false alarm fines at their place of residence as long as no business activity occurs there.

NOTE: A separate alarm permit shall be required for each premise protected by an alarm system.

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ب	Business Name		Bus. Phone (Main)	
SI A	Street Address & ZIF		Bus. Phone (Back-line)	
COMMERCIAL	Property Manager		Phone	
M	Bus. Owner's Name		Phone	
0	Billing Address		Phone	
၁	(if different than above)		Phone	
	Name(s)	Date of birth	Work Phone	
<u> </u>	(Last/First)	/ / /	Cell	
Ļ		Date of birth	Work Phone	
Œ	(Last/First)	/ / /	Cell	
SIDENTIAL	Street Address & ZIF		Home Phone	
RE	Billing Address			
- 12	(if different than above)			
5.	Alarm Type	Check all that apply: □ Burglary □ Fire	□ Panic □ Medic	al □ Robbery
R M F O	Alarm Type Monitored - comp			,
LARM				,
ALARM INFO	□ Monitored - com		non-monitored, continue	,
ALARM INFO	Monitored - compMonitoring Company		pon-monitored, continue	,
<u> </u>	Monitored - companyMonitoring CompanyMailing Address	□ Non-Monitored - if r	pon-monitored, continue Phone Alternate Phone	,
<u> </u>	Monitored - companyMonitoring CompanyMailing Address	□ Non-Monitored - if r	Phone Alternate Phone Telephone – Work:	,
<u> </u>	Monitored - companyMonitoring CompanyMailing Address	□ Non-Monitored - if r	Phone Alternate Phone Telephone – Work: Home:	,
<u> </u>	Monitored - comp Monitoring Company Mailing Address	Relationship:	Phone Alternate Phone Telephone – Work: Home: Cell:	,
<u> </u>	Monitored - comp Monitoring Company Mailing Address	Relationship:	Phone Alternate Phone Telephone – Work: Home: Cell: Telephone – Work:	,
<u> </u>	Monitored - comp Monitoring Company Mailing Address	Relationship:	Phone Alternate Phone Telephone – Work: Home: Cell: Telephone – Work: Home:	,
EMERGENCY ALARM CONTACTS INFO	Monitored - company Mailing Address Name: Name:	Relationship:	Phone Alternate Phone Telephone – Work: Home: Cell: Telephone – Work: Home: Cell: Cell:	,
<u> </u>	Monitored - company Mailing Address Name: Name:	Relationship:	Phone Alternate Phone Telephone – Work: Home: Cell: Telephone – Work: Home: Cell: Telephone – Work:	,

NOTE: List above three individuals to contact in the event of an alarm/emergency if you are not available.

They must have access and be able to disarm your alarm, or have knowledge of how to contact you in your absence.

HELP	PREV	ENT F	ALSE /	ALARMS

FEES:	
Payable to City o	f Kirkland
\$25.00 Annual Pe	ermit

Signature of applicant	
Date:	