



# PINAL COUNTY ALARM PERMIT APPLICATION

Permit Fee: \$18 due annually

|                      |
|----------------------|
| For Office Use Only: |
| Permit #: _____      |
| Date Issued: _____   |

For more information on the Alarm Unit;  
 Visit <http://www.pinalcountyaz.gov/Sheriff> and click on "Alarm Unit".  
 In order for the permit to be processed, all sections are required to be completed.

Alarm Type:     Residential     Business    Business Name: \_\_\_\_\_

| Primary Alarm Owner/User & Location Information      |  |                         |  |
|--|--|-------------------------|--|
| Name   |  |                         |  |
| Date Of Birth  |  | Driver's License Number |  |
| Alarm Address  |  |                         |  |
| Mailing Address<br>(If different from Alarm Address) |  |                         |  |
| Home Phone   |  | Cell Phone              |  |
| E-mail<br>(For Electronic Billing)                   |  |                         |  |

| Alternate Contacts  |  |                   |  |
|---|--|-------------------|--|
| Who you would like us to contact in the event of an alarm call, other than owner? |  |                   |  |
| Contact #1 Name   |  | Contact Phone # 1 |  |
| Contact #1 Position/Relation<br>Has Key / Code                                    |  | Contact Phone # 2 |  |
| Contact #2 Name   |  | Contact Phone # 1 |  |
| Contact #2 Position/Relation<br>Has Key / Code                                    |  | Contact Phone # 2 |  |

| Alarm Monitoring Company |  |       |  |
|--------------------------|--|-------|--|
| Name                     |  | Phone |  |

Comments / Special Instructions to Assist Responding Officers: (GUNS/ CHILDREN/ PETS/ LOCKED GATES/ HAZARDS, PART TIME RESIDENT/DATES)

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I hereby certify that the above information is accurate to the best of my knowledge. I also accept complete responsibility for any and all charges, and/or fees accrued by my alarm system in accordance with the Pinal County Alarm System Ordinance #111302-PCAS and agree to the provisions therein.

|                   |  |             |
|-------------------|--|-------------|
| <b>PRINT NAME</b> | <b>SIGNATURE</b>   | <b>DATE</b> |
|                   | Make Checks Payable to: <b><i>Pinal County Alarm Unit</i></b>  |             |
|                   | Remit to: Pinal County Sheriff's Office ♦ Attn: Alarm Unit ♦ PO Box 867 ♦ Florence, AZ 85132   |             |
|                   | Or Online at <a href="https://client.pointandpay.net/web/PinalCountySheriffAZ">https://client.pointandpay.net/web/PinalCountySheriffAZ</a> |             |

## PINAL COUNTY ALARM PERMIT INSTRUCTIONS

**Type of Location:** personal residence or business

**Business Name:** State name of business and store number, if applicable.

**Physical Address:** Address the Alarm System is installed. Use all address indicators: I.E.- North/South or Road/Street etc. Also include apartment/ building/ unit number.

**Mailing Address:** Where correspondence to be sent – only if different than Physical address.

**Name of Primary Alarm User:** Name of resident.

**E-Mail Address:** Provide e-mail address is if you wish to receive future billings electronically.

**Alternate Contacts:** List two persons you designate we contact if we are unable to locate you; who may know how to contact you, and/or who have key and/or pass code so they may reset the alarm, and/or secure the premises.

**Alarm Monitoring Company:** List the name and phone number of Monitoring Company.

**Comments/Guns/Children/Pets/Hazards/Part Time Resident:** Information assists the responding Officers. Guns, (yes or no only), Children, Pets, Special needs persons-- brief statement describing circumstances (i.e. paralyzed, blind, wheelchair, oxygen). Winter visitor-during which months.

### ORDINANCE FEES

|                    |         |
|--------------------|---------|
| New Permit Fee     | \$18.00 |
| Annual Renewal Fee | \$18.00 |

### PENALTY FEES

|                                 |         |
|---------------------------------|---------|
| Failure to Obtain Permit        | \$25.00 |
| Failure to Renew Permit         | \$25.00 |
| Late Fees (monthly)             | \$10.00 |
| Cost Recovery / False Alarm Fee | \$83.00 |

All information required by Ordinance is NOT given to anyone else. Please sign and date the permit application and return to the address listed below. Your alarm permit will be mailed to you at the mailing address you provide. Your permit number and information must be retained at the alarmed premises.

Please return completed application with \$18.00 U.S. check or money order made out to “Pinal County Alarm Unit” or you can go online at <https://client.pointandpay.net/web/PinalCountySheriffAZ> to make a payment, Please put “**New**” in the alarm permit number box since you will not have a permit number yet. You can also email applications to [PCSOAlarms@pinal.gov](mailto:PCSOAlarms@pinal.gov) by scanning them in or taking a photo of the application. Both are acceptable.

Make Checks Payable to: **Pinal County Alarm Unit**

Remit to: Pinal County Sheriff’s Office ♦ Attn: Alarm Unit ♦ PO Box 867 ♦ Florence, AZ 85132

Or Online at <https://client.pointandpay.net/web/PinalCountySheriffAZ>