



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.pinalcountyz.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			
Alarm Address			
Mailing Address (If different from Alarm Address)			
Home Phone		Cell Phone	
E-mail (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 Has Key / Code		Contact Phone # 2	
Contact #2 Name		Contact Phone # 1	
Contact #2 Position/Relation 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)

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.

PRINT NAME

SIGNATURE

DATE

Make Checks Payable to: **Pinal County Alarm Unit**
Remit to: Pinal County Sheriff's Office ♦ Attn: Alarm Unit ♦ PO Box 867 ♦ Florence, AZ 85132

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.

Name of Secondary Alarm User: Name of alternate 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
Failure to conform / Non-Compliant Alarm System	\$50.00
Permit Reinstatement Fee	\$10.00
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"*.

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