

Application /	Renewal Da	te:

Alarm Permit Registration / 2014 Renewal Form (In Accordance with Cannon Beach Municipal Code 8.24)

Alarmed Location :	·		·	·	
Residence Name or Bus	iness Name:				
Physical Address:				·····	
City / State / Zip:					
CB Residence / CB Busi	ness Phone:				
Billing Information:	<u>.</u> <u>.</u>				
Name:				 	
Mailing Address:					
City / State / Zip:					
Billing Phone:					
Contacts / Respons	sible Parties / In	the Event o	of an Alarm:		
First Contact: Phone(s):					
Local Contact:	Phone(Phone(s):			
Alarm Company Inf	iormation:				
Monitoring Company Na		Phone:			
Dealer / Installer Name:			Phone:		
ALARM TYPE:	☐Audible Only	□Monito	red Only	☐Audible & Monitored	
ALARMS INSTALLED:	_	□Fire	□Panic	□ Medical	
Any Additional Informat					
			_		
Signature of Applicant: _			Date:		
Key at CBPD:					
Permit Number:					
Date Issued: Amount Paid:	(One Time Application Fee of \$15.00)				
Lockhox Waiver on File:			·	•	