



**Address:**  
100 3<sup>rd</sup> Ave SE  
Pacific, WA 98047

**Phone & Fax:**  
Ph: (253) 929-1100  
Fax: (253) 887-9910

**Website:**  
<https://www.pacificwa.gov>

# ALARM REGISTRATION APPLICATION

Please Print Clearly

**I. SUBSCRIBER INFORMATION**     Commercial     Residential    Date Alarm Installed: \_\_\_\_\_

Business / Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**II. ALARM COMPANY INFORMATION**

- Self-Installed
  - New Installation
  - Change in Ownership
  - Replacement Decal (lost, stolen, or damaged).    Old Decal number (if known): \_\_\_\_\_
  - Non-Profit Organization – **Fee Waived**
- A. Company monitoring alarm (if monitored): \_\_\_\_\_ Phone: \_\_\_\_\_
- B. Company installing and/or servicing alarm: \_\_\_\_\_
- C. Electrical inspection permit number (if new installation): \_\_\_\_\_
- D. Type of alarm (i.e. motion, audible, robbery, etc.): \_\_\_\_\_

**III. EMERGENCY NOTIFICATION**

List three (3) individuals for contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pacific Municipal Ordinance 1432, section 3, requires all businesses and residences with burglary/ or other alarm systems to have valid alarm registrations. Failure to complete this application, or to pay your \$25 fee, could result in NO POLICE / FIRE RESPONSE to your alarm system.

*I agree at all times to protect and save harmless the City from all claims, actions, suits, liability, loss, costs, expenses, or damages of every kind or description which may accrue to, or be suffered by, any person or persons or property by reason of the response, or lack of response, to my alarm by the City fire and/or police department(s), due to the malfunction or error of the alarm system, the alarm business, or my non-compliance with rules and regulations contained herein, or due to my negligence, or negligence of the alarm business, or parties other than the City.*

<b>SIGNATURE OF APPLICANT</b>	<b>PRINTED NAME</b>	<b>DATE</b>
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Registration Number: _____	Date Approved: _____	Fee: _____	Receipt #: _____
Not Approved <input type="checkbox"/> Reason for Denial: _____			
Distribution:    White: City Clerk	Canary: Alarm Co.	Pink: Customer	