



City of Astoria
Police Department

BURGLARY AND ROBBERY ALARM PERMIT

Address (alarm location): _____

Business or Residence Name: _____ Phone: _____

Please list below the names and telephone numbers of three persons who are authorized to reset the alarm and check the premises in the event that we are unable to contact you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Alarm Company Name: _____ Phone: _____

Type of Alarm:	<input type="checkbox"/> 1. Burglary	Function:	<input type="checkbox"/> audible	<input type="checkbox"/> silent	<input type="checkbox"/> other _____
(check all boxes that apply)	<input type="checkbox"/> 2. Robbery	Function:	<input type="checkbox"/> audible	<input type="checkbox"/> silent	<input type="checkbox"/> other _____

I agree to comply with the standards established in section 7.200 of the Astoria Code.

Owner/User Name: _____ Date: _____
(Printed Name)

Signature: _____

Mailing address: _____

(Office use only) Alarm Permit Approved: Chief of Police: _____ Date: _____

Please complete and return the alarm permit to the address below. A copy will be mailed to you upon final approval.

555 30TH STREET, ASTORIA, OREGON, 97103 (503)338-6411 FAX (503)325-4897
Founded 1811