



Please submit completed application and payment to:

City of Ashland
Alarm Permit
20 E Main St
Ashland, OR 97520

NEW ___
RENEWAL ___
AMENDED ___
REINSTATED ___

Application for Alarm Permit

INFORMATION ON PRINCIPAL (PERMIT HOLDER) REQUIRED:

(Please Print or Type)

Date Alarm Installed _____

Name _____ Home Phone _____
Last First Middle

Business Name (if applicable) _____

Address _____
Street Address of Protected Premises City State Zip Code

Name of Residential, Commercial or Industrial Complex (if applicable) _____

Mailing Address _____
Street Address City State Zip Code

Type of Premises: Home ___ Office ___ Restaurant ___ Store ___ Warehouse ___ Other ___

Agents to call when above number will not answer:

Name Address Phone Number

1) _____

2) _____

Number of Annunciators _____ Type of Annunciator _____

Number and Type of Automatic Dialers _____

Location of Remote Annunciators _____

Automatic Dialer Contact _____
Business Phone

Alarm System Class: Class III \$25.00 _____ Class IV \$25.00 _____ Class V \$10.00 _____

I HAVE RECEIVED A COPY OF THE ALARM ORDINANCE FOR THE CITY OF ASHLAND. I AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE ORDINANCE.

Signed Date

WHEN VALIDATED THIS IS YOUR PERMIT
(PERMIT WILL NOT BE VALIDATED UNLESS APPLICATION IS FILLED OUT COMPLETELY)

(FOR OFFICE USE ONLY)

Permit No. _____ Permit Term (From) _____ (To) _____ Date _____
Receipt No. _____ Receipt Date _____ Recorded By _____