



**DES MOINES POLICE DEPARTMENT**  
 21900 - 11TH AVENUE SOUTH  
 DES MOINES, WA 98198-6319  
 (206) 878-3301

OFFICE USE ONLY	
PERMIT #:	_____
CLERK:	_____
AMOUNT:	_____
DATE ISSUED:	_____
RECEIPT #:	_____
ENTERED BY:	_____

## ALARM REGISTRATION APPLICATION

DATE \_\_\_\_\_  NEW  REPLACE DECAL # \_\_\_\_\_  UPDATE  RENEWAL

### I. SUBSCRIBER INFORMATION

(PLEASE TYPE OR PRINT LEGIBLY WITH BALLPOINT PEN)

COMMERCIAL  RESIDENTIAL  OWNER OCCUPIED  RENTAL

BUSINESS/RESIDENT'S NAME \_\_\_\_\_ HOME # \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ WORK # \_\_\_\_\_  
 ALTERNATE PHONE \_\_\_\_\_  
 PROPERTY OWNER (IF DIFFERENT) \_\_\_\_\_  
 OWNER'S ADDRESS \_\_\_\_\_ OWNER'S PHONE \_\_\_\_\_  
 ANIMALS ON PREMISE  YES  NO TYPE \_\_\_\_\_ NUMBER OF ANIMALS \_\_\_\_\_  
 DRIVERS LICENSE # AND STATE \_\_\_\_\_

### II. ALARM COMPANY INFORMATION

TYPE OF ALARM SYSTEM:  AUDIBLE  SILENT  NOT MONITORED BY AN ALARM COMPANY

ALARM SERVICING COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_  
 ALARM MONITORING COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

### III. EMERGENCY NOTIFICATION

LIST TWO RESPONSIBLE REPRESENTATIVES (OTHER THAN THE APPLICANT) WHO WILL HAVE KEYS AND RESPOND WITHIN 30 MINUTES TO AN ALARM ACTIVATION TO ASSIST THE POLICE IN DETERMINING THE CAUSE OF THE ALARM ACTIVATION AND TO SECURE THE PREMISES (IF NO ONE WITHIN 30 MINUTES HAS A KEY, LIST SOMEONE WHO COULD HELP US GET IN TOUCH WITH YOU).

1. NAME \_\_\_\_\_  
 DAY TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ NIGHT TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

2. NAME \_\_\_\_\_  
 DAY TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ NIGHT TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

CITY OF DES MOINES ORDINANCE 1360 REQUIRES ALL BUSINESSES AND RESIDENCES WITH BURGLARY ALARM SYSTEMS TO HAVE A VALID ALARM REGISTRATION. FAILURE TO COMPLETE THIS APPLICATION, OR TO PAY YOUR \$25 FEE COULD RESULT IN NO POLICE RESPONSE TO YOUR ALARM SYSTEM, AND/OR A PENALTY OF \$200.

REGISTRATION OF AN ALARM SYSTEM IS NOT INTENDED TO, NOR WILL IT, CREATE A CONTRACT, DUTY OR OBLIGATION, EITHER EXPRESSED OR IMPLIED, OF RESPONSE BY THE CITY OF DES MOINES POLICE DEPARTMENT. ANY AND ALL LIABILITY AND CONSEQUENTIAL DAMAGE RESULTING FROM FAILURE TO RESPOND TO A NOTIFICATION IS HEREBY DISCLAIMED AND GOVERNMENTAL IMMUNITY AS PROVIDED BY LAW IS RETAINED. BY REGISTERING AN ALARM SYSTEM, THE ALARM USER ACKNOWLEDGES THAT POLICE RESPONSE MAY BE BASED ON MANY FACTORS, INCLUDING BUT NOT LIMITED TO AVAILABILITY OF POLICE UNITS, PRIORITY OF CALLS, WEATHER CONDITIONS, TRAFFIC CONDITIONS, EMERGENCY CONDITIONS, AND STAFFING LEVELS.

SIGNATURE \_\_\_\_\_

<p style="text-align: center;">MAKE CHECKS PAYABLE TO CITY OF DES MOINES</p> <p>MAIL TO: DES MOINES POLICE DEPARTMENT          21900 - 11TH AVENUE SOUTH          DES MOINES, WA 98198-6319</p>
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**HELP PREVENT FALSE ALARMS**