

**CITY OF LINCOLN CITY  
APPLICATION FOR ALARM USER PERMIT**

Municipal Code 8.04

**ANNUAL FEE: \$50.00 – Residential / \$75.00 – Commercial**  
**This fee is pro-rated by calendar month**

Pursuant to Lincoln City Ordinance No. 84-09 as amended by 90-10, 2001-11 and 2003-20: a user permit must be obtained by any person or business upon the effective date of this ordinance or prior to use of any home/office alarm system.

Please complete this application form and return it with the permit fee to:

**City of Lincoln City, Finance Department, PO Box 50, Lincoln City, OR 97367**

or email to: [Finance\\_AR@lincolncity.org](mailto:Finance_AR@lincolncity.org)

All information entered on this form will remain confidential and will be used only by the Lincoln City Police Department. Section 9(e) of the above ordinance requires that if any of the information submitted on the application becomes obsolete, the permit holder shall file the correct information with the Police Department within 10 days from the date of change.

- ❖ Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_
  - ❖ Location Address: \_\_\_\_\_
  - ❖ Mailing Address: \_\_\_\_\_
  - ❖ Email: \_\_\_\_\_
  - ❖ Business Name (If applies): \_\_\_\_\_ Phone: \_\_\_\_\_
- \*\*If alarm user is a business, list names and phone numbers of the partners or principal officers on back of this form.*
- ❖ Location of Alarm Panel/Control Box: \_\_\_\_\_
  - ❖ Name of Alarm Company: \_\_\_\_\_

Persons authorized to respond to an emergency alarm within 30 minutes and enter or open the premises where the alarm is installed:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I, the undersigned, am aware of the conditions of this alarm ordinance and the fees and penalties thereto. I further understand that this permit can be revoked for any of the following reasons: any false or incomplete statement made on this application, failure to comply with any section of the ordinance, or failure to pay a false alarm fee within 30 days of the demand. A party may appeal a revocation of a permit under Section 10 of this Ordinance. I further understand that the permit will become null and void if the principal ownership of the protected premises changes. I further agree to allow the Lincoln City Police Department to inspect this permit at reasonable hours.*

Print Name of Person Signing: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_