



ASTORIA POLICE DEPARTMENT

Burglary & Robbery Alarm Permit

TODAY'S DATE:

BUSINESS OR RESIDENCE NAME:

ADDRESS WHERE ALARM WILL BE LOCATED:

PHONE #:

ALARM COMPANY NAME:

PHONE #:

TYPE OF ALARM

CHECK ALL BOXES THAT APPLY

BURGLARY FUNCTION: AUDIBLE SILENT OTHER _____

ROBBERY FUNCTION: AUDIBLE SILENT OTHER _____

PLEASE LIST BELOW THE NAMES, TELEPHONE, AND EMAIL ADDRESS OF THREE PERSONS WHO ARE AUTHORIZED TO RESET THE ALARM AND CHECK THE PREMISES IN THE EVENT THAT WE ARE UNABLE TO CONTACT YOU:

1	NAME:	PHONE 1:	PHONE 2:
	EMAIL ADDRESS:		
2	NAME:	PHONE 1:	PHONE 2:
	EMAIL ADDRESS:		
3	NAME:	PHONE 1:	PHONE 2:
	EMAIL ADDRESS:		

I AGREE TO COMPLY WITH THE STANDARDS ESTABLISHED IN SECTION 7.200 OF THE ASTORIA CODE

OWNER/USER NAME:

DATE:

SIGNATURE:

PHONE:

MAILING ADDRESS:

OFFICE USE ONLY

ALARM PERMIT: APPROVED DENIED

CHIEF OF POLICE

DATE:

PLEASE COMPLETE AND RETURN THIS ALARM PERMIT APPLICATION TO THE ASTORIA POLICE DEPARTMENT AT:

555 30TH STREET, ASTORIA, OR 97103 / PHONE: 503-338-6411 / FAX: 503-325-4897