

ALARM USER PERMIT

Please Print or Type

1. Name of Alarm User: _____
(IF BUSINESS - NAME OF BUILDING)
 2. Address of Alarmed Premises: _____

City Zip
 3. Phone at Alarmed Premises: _____
 4. Mailing Address: _____

 5. Type of Burglary Alarm
(MARK ONE ONLY IN THIS SECTION)
 - A. audible (Sound Only)
 - B. silent (Signal Alarm Company Only)
 - C. silent with audible
 6. Alarm Company: _____ 24-Hour Phone _____
Monitoring Company: _____ 24-Hour Phone _____
 7. Who should be contacted in the event of an alarm
(List only those with keys to the premises who can respond within 10 minutes)

Name	Relationship	Phone #
A.	_____	_____
B.	_____	_____
C.	_____	_____
 8. Business Alarms: business type _____
Goods to be protected: _____
 9. Special Instructions For Responding Deputies: _____

- Authorized Signature: _____ Date: _____

Mail To: Benton County Sheriff's Office
180 NW 5TH
CORVALLIS, OR 97330
Attn: Alarm Permits Section