



Benton County Sheriff's Office

ALARM USER PERMIT

NAME OF ALARM USER: <i>(if business, name of building)</i>			
ADDRESS OF ALARMED PREMISES STREET ADDRESS:			
CITY:		ZIP:	
PHONE AT ALARMED PREMISES:			
MAILING ADDRESS <i>(if different than above)</i> :			
TYPE OF BURGLARY ALARM: <i>(check only one in this section)</i> <input type="checkbox"/> A. AUDIBLE <i>(sound only)</i> <input type="checkbox"/> B. SILENT <i>(signal Alarm Company only)</i> <input type="checkbox"/> C. SILENT WITH AUDIBLE			
ALARM COMPANY:	24-HOUR PHONE:		
MONITORING COMPANY:	24-HOUR PHONE:		
<i>Who should we contact in the event of an alarm? List only those with keys to the premises who can respond within 10 minutes...</i>			
	NAME	RELATIONSHIP	PHONE
1.			
2.			
3.			
<i>Complete the following for business alarms...</i>			
TYPE OF BUSINESS:			
GOODS TO BE PROTECTED:			
SPECIAL INSTRUCTIONS FOR RESPONDING DEPUTIES:			

Authorized Signature: _____ Date: _____

MAIL TO: BENTON COUNTY SHERIFF'S OFFICE
180 NW 5th St., Corvallis, OR 97330 Attn: Alarm Permit Section