



# NEW ALARM PERMIT APPLICATION

# UPDATE CALL-OUT LIST

Mount Vernon Police Department strives to provide the best service possible. As first responders, we must know who to contact in case of an after-hours occurrence at your home or business. Please complete each line on both sides of the application.

PLEASE TYPE OR PRINT LEGIBLY

DATE \_\_\_\_\_

CALL OUT – ALARM PERMIT FOR: RESIDENCE  BUSINESS

OWNER \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL) (DATE OF BIRTH)

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS HOURS \_\_\_\_\_

ALARM COMPANY NAME \_\_\_\_\_  
(IF APPLICABLE)

ALARM COMPANY PHONE NUMBER \_\_\_\_\_  
(IF APPLICABLE)

MOUNT VERNON CITY ALARM PERMIT NUMBER \_\_\_\_\_ MA-  
(IF APPLICABLE)

### CALL OUT INFORMATION

Please list names in preferred order of callout. Names listed may be called at any time, must have access to the building and must be able to respond day or night. All information requested is required and will be used by the Mount Vernon Police Department

1 <sup>st</sup> Call Out	_____	_____	_____
	Last Name	First Name	Middle Initial
Home Phone	_____	Work Phone	_____
		Cell Phone	_____
Home Address	_____	Work Address	_____
	_____		_____
Date of Birth	_____	Driver's License No.	_____
			State _____

2 <sup>nd</sup> Call Out	_____	_____	_____
	Last Name	First Name	Middle Initial
Home Phone	_____	Work Phone	_____
		Cell Phone	_____
Home Address	_____	Work Address	_____
	_____		_____
Date of Birth	_____	Driver's License No.	_____
			State _____

3 <sup>rd</sup> Call Out	_____	_____	_____
	Last Name	First Name	Middle Initial
Home Phone	_____	Work Phone	_____
		Cell Phone	_____
Home Address	_____	Work Address	_____
	_____		_____
Date of Birth	_____	Driver's License No.	_____
			State _____

**PLEASE COMPLETE AND SEND TO THE MOUNT VERNON POLICE DEPARTMENT**

You may also email the completed documents to: [Burglaralarms@mountvernonwa.gov](mailto:Burglaralarms@mountvernonwa.gov)

**If you have any questions contact Sergeant Brent Thompson or the Receptionist at (360) 336-6271**

**Declaration**

I am aware that my alarm registration is not transferable to another person or to another alarm site. I am also aware that my alarm registration requires a **one-time** fee of \$10, and that it will expire on December 31 of this year and must be renewed by submitting an updated application form.

I have written operating instructions for the previously described alarm and have been trained in proper use of the alarm system.

I am also aware that law enforcement response may be influenced by a variety of factors including, but not limited to the availability of police units, priority of calls, weather conditions traffic conditions, emergency conditions, staffing levels, etc.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**(Signature of applicant)**

**Fees and Penalties**

Application (*one-time fee*)                      \$10.00

\* \* \* \* \*

False alarm penalties (per calendar year):

1-3 false alarms	No charge
4, 5 and 6 false alarms	\$50.00 each
7 and more false alarms	\$100.00 each

**Example:** If a user had a false alarm in February of 2019 and two false alarms in March of 2019, the user would be billed for any additional false alarms that occurred through December 31, 2019. The user would then “start over” for any false alarm activations occurring in the next calendar year (January 1, 2020 through December 31, 2020).

***Please note additional information in Mount Vernon Municipal Code Chapter 8.36 regarding alarm use and requirements.***