

## INSTRUCTIONS FOR COMPLETING ALARM USER PERMIT APPLICATION

1. Type of Premises: Self-Explanatory
2. Alarm User: Businesses, institutions, etc., use the name of your business. For family residences, use the name of the person owning/residing at the residence.
3. Address: The address where the alarm system is installed. **It is important that the address be complete using road, street, circle, East, West etc. Also include apartment number and building number if available. Telephone number is mandatory.**
4. Mailing Address: Address where correspondence should be mailed if different from above.
5. Type of Alarm: There are three basic types of alarms:  
BURGLARY: Used to indicate that someone has entered your premises with intent to commit a crime, usually in the absence of anyone at home.  
HOLDUP/ROBBERY: Used to indicate a robbery where force of some kind was used. Normally this will affect business establishments.  
PANIC: Used to indicate any type of threatening situations; such as fire, medical or if law enforcement is required. This type of alarm is usually activated by an individual, as opposed to a passive burglary alarm.  
\*NOTE: Most alarm systems offer all three types of alarms. You **must** indicate which type of alarm(s) your system is programmed to function in.  
**The permit fee per alarm system is \$10.00. Please include the fee with your application. Applications are to be renewed every year. Make personal, business or cashier's checks or money orders payable to the Pinal County Sheriff's Office. (No cash, will be accepted) Examp: 1 premise, 1 alarm system =\$10**  
Permit Applications may be mailed to P.O. Box 2946, Florence, Arizona 85232 or returned in person to 971 N. Jason Lopez Circle, Building #C, in Florence.  
**\*\*NO AUTOMATIC DIALING DEVICES ARE PERMITTED**  
Alarms installed solely for fire reporting, medical emergencies or vehicle alarms do not require a permit.
6. Responsible Parties: List those persons who will be contacted to allow entrance into your home or business in your absence, who have a key and/or alarm code so that they may reset the alarm. At least two names are required.
7. Alarm Service Co.: List the name and phone number of the alarm service company who repairs your alarm system.
8. Alarm Monitoring Co: List the name and phone number of your monitoring company if different from above.
9. Comments: Provide any information that may assist the Sheriff's Office in responding or searching your premises, such as any; hazards, weapons, animals, etc.

Please sign this application and return it to the address provided on the permit application form. An alarm permit number and date of issue will be annotated on the application and a copy will be returned to you. This copy must be retained at the alarmed premises.

NOTE: Permits are non-transferable from one user to another user or from one address to another address. A new permit will be required at that time.

Please call the Sheriff's Office at 520-866-5173 if there are any changes of the information contained in your application. Up-to-date information is needed to provide rapid and efficient response to your alarm.

# ALARM USER PERMIT APPLICATION

*Sheriff Chris L. Vasquez*

PLEASE MAIL COMPLETED APPLICATION TO:  
PINAL CO. SHERIFF'S OFFICE  
ATTEN: ALARM COORDINATOR  
P.O. BOX 2946, FLORENCE, AZ 85232  
OR RETURN IN PERSON TO:  
971 N. JASON LOPEZ CIRCLE #C, FLORENCE

**DO NOT WRITE IN THIS SPACE:**  
**FOR OFFICE USE ONLY**

ALARM PERMIT # \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

***PLEASE PRINT OR TYPE***

1. Circle Type of Premises: Residential Business

2. Alarm User: \_\_\_\_\_  
(Include both Owner's Name and Business Name if applicable)

\_\_\_\_\_

Date of Birth Driver's License # State

3. Address of Alarm Equipped Premises: \_\_\_\_\_  
Street (Include Suite or Apt #) Zip Phone

4. Mailing Address: \_\_\_\_\_  
Street (Include Suite or Apt #) City State Zip

\_\_\_\_\_

Daytime Phone # Nighttime Phone # Cellular Phone #

E-Mail Address: \_\_\_\_\_

5. Types of Alarm System on Premises: Burglary/Holdup/Panic/Robbery (*only a \$10.00 permit fee*) \_\_\_\_\_

6. Responsible Parties to be notified if alarm is activated:  
(***Two Required - CANNOT be anyone living at alarm premise***)

\_\_\_\_\_

Name Day Phone # Night Phone # Cellular #

\_\_\_\_\_

Name Day Phone # Night Phone # Cellular #

7. Alarm Service Company: \_\_\_\_\_  
Company Name Phone #

\_\_\_\_\_

Street, Suite # City, State Zip

8. Alarm Monitoring Company: \_\_\_\_\_  
Name Phone #

9. Comments or Instructions to assist Deputies Responding to your Alarm: \_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(I hereby acknowledge that I have read and understand the Pinal County Alarm System Ordinance and agree to the provisions therein.) **PLEASE RETURN ORIGINAL W/PAYMENT - Permit will be returned upon approval**