



Dear Applicant,

Attached is the City of Scottsdale Alarm User Permit application you have requested. Please complete the application and return with the \$10.00 application fee to the City of Scottsdale, Tax and License Registration office. Our mailing address is:

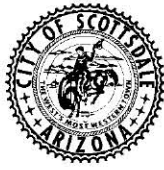
City of Scottsdale
Tax and License Registration
P.O. Box 1929
Scottsdale, AZ 85252-1929

Applications are to be returned no later than 3 days after the owner of the alarm system places it in a state of readiness.

Also included is information about how to reduce false alarms and other requirements related to alarm systems. The service charge for false alarms is as follows:

First and second	\$0
Third	\$50.00
Fourth and fifth	\$75.00 each
Sixth through ninth	\$100.00 each
Ten or more	\$200.00

If you have any questions, please contact the Tax and License Registration office at (480) 312-2400 or visit our website: www.ScottsdaleAZ.gov



Customer Service
 Office location - 7447 E. Indian School Road, 110
 Scottsdale, Az. 85251
 or
 9379 E. San Salvador Dr., #100
 Scottsdale, AZ 85258
 Telephone - (480) 312-2400

**ALARM USER PERMIT
 APPLICATION**

FOR CASHIER USE ONLY

SECTION I. OFFICE USE ONLY

_____ ACCOUNT NUMBER _____ BILL OR NO BILL	ALARM USER FEE: \$10.00 Make Check Payable To: City of Scottsdale
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SECTION II. USER NAME, ADDRESS, TELEPHONE AND OPERATIONAL DATE

APPLICANT/ALARM USER (If business enter name of business) _____ Area Code _____ Telephone No. _____

STREET NO. _____ (N,E,S,W) STREET NAME _____ Type _____ STE./APT. NUMBER _____ BLDG. NUMBER _____
 (ST.DR.AV.)

City _____ State _____ ZIP _____ Date: _____
 (Alarm Made Operational)

Type: Business Residential

SECTION III. USER MAILING ADDRESS (If different than above)

STREET NO. _____ (N,E,S,W) STREET NAME _____ Type _____ STE./APT. NUMBER _____ BLDG. NUMBER _____
 (ST.DR.AV.)

City _____ State _____ ZIP _____ Area Code _____ Emergency Number _____

IN CARE OF NAME _____

APPLICANT NAME (If a Business) _____

SECTION IV. RESPONSIBLE REPRESENTATIVES

List two responsible representatives (other than the applicant) who will respond to the premises of an activated alarm system in order to be available to assist the Police or Fire Department in determining the reason for the alarm activation and secure the premises with no unreasonable delay.

NAME _____	STREET NO. _____ (N,E,S,W)	STREET NAME _____	(Area Code) _____	Telephone Number _____
NAME _____	STREET NO. _____ (N,E,S,W)	STREET NAME _____	(Area Code) _____	Telephone Number _____

SECTION V. ALARM INSTALLATION AND/OR MONITORING COMPANY

INSTALLED BY: NAME: _____ DATE INSTALLED: _____

ADDRESS: _____

STREET NO. _____ (N,E,S,W) STREET NAME _____ (Area Code) _____ Business Telephone No. _____

City _____ State _____ ZIP _____

IF ALARM IS MONITORED, ALARM MONITORING COMPANY INFORMATION

NAME _____ TELEPHONE: _____

STREET NO. _____ (N,E,S,W) STREET NAME _____ City _____ State _____ ZIP _____

SECTION VI. TYPE OF ALARM (Check all that apply)

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> AUDIBLE | <input type="checkbox"/> SILENT | <input type="checkbox"/> FIRE | <input type="checkbox"/> DIGITAL |
| <input type="checkbox"/> PANIC ALARM | <input type="checkbox"/> AUTO DIALER | <input type="checkbox"/> MONITORED (check this box if any alarms are monitored) | |

INFORMATION CONTAINED IN THIS APPLICATION SHALL BE CONFIDENTIAL AND RESTRICTED TO INSPECTION BY CITY REPRESENTATIVES. I CERTIFY THAT THE STATEMENT MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT MY ALARM SYSTEM HAS BEEN INSPECTED AND, IF NECESSARY, MAINTAINED BY A LICENSED ALARM BUSINESS OR THE PRIMARY USER OF THIS SYSTEM AND I HAVE BEEN INSTRUCTED ON HOW TO USE THIS SYSTEM.

DATE: _____ SIGNATURE OF USER: _____