

PINAL COUNTY ALARM PERMIT APPLICATION

PLEASE PRINT CLEARLY

DATE ISSUED: _____ PERMIT NUMBER: _____

=====

TYPE OF LOCATION: RESIDENCE OR BUSINESS, BUSINESS NAME _____

NAME OF PRIMARY ALARM USER		OWNER	TENANT	MANAGER	OTHER
DATE OF BIRTH	DRIVERS LICENSE NUMBER			STATE	
CELL PHONE	DAY PHONE		NIGHT PHONE		

NAME OF SECONDARY ALARM USER		OWNER	TENANT	MANAGER	OTHER
DATE OF BIRTH	DRIVERS LICENSE NUMBER			STATE	
CELL PHONE	DAY PHONE		NIGHT PHONE		

ALARM PHYSICAL ADDRESS	SUITE #	CITY	STATE	ZIP
MAILING ADDRESS – If DIFFERENT then physical address		CITY	STATE	ZIP

NAME OF 1 ST ALTERNATE CONTACT	CELL PHONE	DAY PHONE	NIGHT PHONE	
1 ST ALTERNATE: HAS KEY / CODE	OWNER	TENANT	MANAGER	FAMILY OTHER

NAME OF 2 ND ALTERNATE CONTACT	CELL PHONE	DAY PHONE	NIGHT PHONE	
2 ND ALTERNATE: HAS KEY /CODE	OWNER	TENANT	MANAGER	FAMILY OTHER

NAME OF ALARM MONITORING COMPANY	PHONE NUMBER
----------------------------------	--------------

COMMENTS/ GUNS/ CHILDREN/ PETS/ LOCKED GATES/ HAZARDS, PART TIME RESIDENT/DATES:

I HEREBY ACKNOWLEDGE THAT I WILL ADHERE TO THE PINAL COUNTY ALARM SYSTEM ORDINANCE # 111302-PCAS AND AGREE TO THE PROVISIONS THEREIN.

PRINT NAME _____ SIGNATURE _____ DATE _____

MAIL APPLICATION & PAYMENT TO:
PINAL COUNTY SHERIFF OFFICE*ATTN: ALARM UNIT
* POB 867 * FLORENCE*AZ 85132

PINAL COUNTY ALARM PERMIT INSTRUCTIONS



Type of Location: personal residence or name of business

Business Name: State name of business and store number, if applicable.

Name of Primary Alarm User: Name of resident.

Name of Secondary Alarm User: Name of alternate resident.

Physical Address: Address the Alarm System is installed. Use all address indicators: I.E.- North/South or Road/Street etc. Also include apartment/ building/ unit number.

Mailing Address: Where correspondence to be sent – only if different than Physical address.

Alternate Contacts: List two persons you designate we contact if we are unable to locate you; who may know how to contact you, and/or who have key and/or pass code so they may reset the alarm, and/or secure the premises.

Alarm Monitoring Company: List the name/phone number of Monitoring Company.

Comments/Guns/Children/Pets/Hazards/Part Time Resident: Information assists the responding Officers. Guns, (yes or no only), Children, Pets, Special needs persons-- brief statement describing circumstances (i.e. paralyzed, blind, wheelchair, oxygen). Winter visitor-during which months.

ORDINANCE FEES

New Permit Fee	\$10.00
Annual Renewal Fee	\$10.00

PENALTY FEES

Failure to Obtain Permit	\$25.00
Failure to Renew Permit	\$25.00
Permit Reinstatement Fee	\$10.00
Late Fees (monthly)	\$10.00
Cost Recovery / False Alarm Fee	\$71.00

Please sign and date the permit application and return to the address listed below. Your alarm permit will be mailed to you at the mailing address you provide. Your permit number and information must be retained at the alarmed premises.

Please return completed application with \$10.00 American check or money order to:

Pinal County Sheriff's Office
Attn: Alarm Unit
POB 867
Florence, AZ 85132

PINAL COUNTY ALARM PERMIT – GENERAL INFORMATION



The Pinal County Board of Supervisors adopted False Alarm Ordinance # 111302-PCAS on November 13, 2002 relating to and regulating alarms, which became effective January 1, 2003. Please be aware of the following:

Alarm Definition: Alarm means any mechanical or electrical device(s) which are used to detect unauthorized entry into building or onto premises or to warn or alert others of an emergency or of the commission of an unlawful act within buildings or on premises or perimeter of premises. Car alarms and alarms utilized solely for reporting fire or medical emergencies do not require a permit.

1. Alarm Permits are required; you must renew your permit annually. \$10.00 fee to be included with your completed alarm application and subsequent annual renewal forms. Checks or Money Orders from US Financial Institutions are accepted. Cash or Canadian checks/money orders are NOT accepted. Canadian checks with "US Dollars" are not accepted.
2. Every alarm user shall obtain a Pinal County permit within ten days after installation, and/or those alarms installed prior to adoption of Ordinance.
3. The alarm user is required to notify the PCSO/Alarm Unit, of any changes to the information provided, or within ten days if the alarm system is no longer being used, or if you have moved.
4. Permits are not transferable from person to person, or residence to residence.
5. The alarm user or alternate contact is to respond immediately in person, to the location of the activated alarm, or by request of the Sheriff Office in order to; A) Provide access to premises, B) Deactivate the alarm system, C) Provide alternative security for premises.
6. No person shall use or cause to be used - any automatic dialing device or telephone attachment that automatically selects a law enforcement or emergency services telephone line to PCSO.
7. Cost Recovery Fees are incurred after three burglary false alarms occurring within one permit year. Cost Recovery Fees are incurred after one panic false alarm occurring within one permit year.
8. In the event of ten or more false alarms within one permit year, for any alarm system, the Alarm Coordinator shall notify the alarm user of the excessive false alarm violation via certified mail, and shall direct the alarm user –within ten days of receipt of this notice, submit a report to the Alarm Coordinator describing the actions taken to eliminate the false alarms, or permit may be revoked.
9. The County Ordinance, Application and Renewal form are available on the PCSO website located at: www.pinalcountyaz.gov.
10. Please complete and return the alarm permit application, along with payment to the address listed below. The permit will be mailed to you and must be kept on site at the alarm premise.

Pinal County Sheriff's Office* Attn: Alarm Unit
POB 867, Florence, AZ 85132
520 866 5173 or Lori.Schaum@pinalcountyaz.gov