



City of Kirkland Licensing Department  
 123 5<sup>th</sup> Avenue  
 Kirkland, WA 98033  
 425.587.3142

<b>OFFICE USE ONLY</b>	
#4601	_____
#3006	_____
CHECK #	_____
RECEIPT#	_____
PERMIT#	_____
EXP. DT.	_____

## ALARM REGISTRATION APPLICATION

Kirkland Municipal Code section 21.35A.040 requires the registration of all monitored and non-monitored security alarms. Please be certain your residence/place of business is within City Limits before submitting this registration. Persons over the age of 62 must register but are exempt from registration fees and false alarm fines at their place of residence as long as no business activity occurs there.

**NOTE:** A separate alarm permit shall be required for each premise protected by an alarm system.

<b>COMMERCIAL</b>	Business Name		Bus. Phone (Main)	
	Street Address & ZIP		Bus. Phone (Back-line)	
	Property Manager		Phone	
	Bus. Owner's Name		Phone	
	Billing Address (if different than above)		Phone Phone	

<b>RESIDENTIAL</b>	Name(s) (Last/First)	Date of birth / /	Work Phone	
			Cell	
	Name(s) (Last/First)	Date of birth / /	Work Phone	
			Cell	
	Street Address & ZIP		Home Phone	
	Billing Address (if different than above)			

	Alarm Type	Check all that apply: <input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Panic <input type="checkbox"/> Medical <input type="checkbox"/> Robbery
<b>ALARM INFO</b>	<input type="checkbox"/> Monitored - <i>complete this section</i> <input type="checkbox"/> Non-Monitored - <i>if non-monitored, continue to next section</i>	
	Monitoring Company	Phone
	Mailing Address	Alternate Phone
	Electrical Inspection Permit #	( does not apply to existing Alarms or Multi-tenant buildings )
	System Maintenance Electrical Contractors License #	

<b>EMERGENCY CONTACTS</b>	Name:		Relationship:	Telephone – Work: _____
				Home: _____
				Cell: _____
	Name:		Relationship:	Telephone – Work: _____
				Home: _____
				Cell: _____
	Name:		Relationship:	Telephone – Work: _____
				Home: _____
				Cell: _____

**NOTE:** List above three individuals to contact in the event of an alarm/emergency if you are not available. They must have access and be able to disarm your alarm, or have knowledge of how to contact you in your absence.

**HELP PREVENT FALSE ALARMS**

<b>FEES:</b>  Payable to City of Kirkland \$25.00 Annual Permit
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\_\_\_\_\_  
Signature of applicant

Date: \_\_\_\_\_

