

PINAL COUNTY ALARM PERMIT APPLICATION

PLEASE PRINT CLEARLY

DATE ISSUED: _____ PERMIT NUMBER: _____

TYPE OF PREMISES: RESIDENCE / BUSINESS SUBDIVISION: _____

PRIMARY ALARM USER NAME BUSINESS NAME

DATE OF BIRTH DRIVERS LICENSE NUMBER STATE

CELL PHONE DAY PHONE NIGHT PHONE

SECONDARY ALARM USER NAME

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

1ST RESPONSIBLE PARTY NAME CELL PHONE DAY PHONE NIGHT PHONE

2ND RESPONSIBLE PARTY NAME CELL PHONE DAY PHONE NIGHT PHONE

ALARM MONITORING COMPANY PHONE NUMBER FAX NUMBER

COMMENTS/ WEAPONS/ CHILDREN/ PETS/ LOCKED GATES/ HAZARDS: _____

DIRECTIONS TO PREMISES: _____

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

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 Premises: Self Explanatory.

Subdivision: To assist us in finding your location faster.

Primary Alarm User Name: State name of business, agency, or name of residence owner.

Secondary Alarm User Name: State owner of business, agency, or name of alternate residence owner or tenant.

Physical Address: Address of Alarm System installation. 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.

RP Name (Responsible Party Name): List two persons you designate we contact in your absence, to allow entrance into your home/business; 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/Weapons/Children/Pets/Hazards: Provide information which assists the responding Officers. Weapons: How many – what type. Children: ages. Pets: How many – what type. Gate locked? Special needs persons.

Directions: Provide nearest cross streets, instructions or helpful information. *Help us find you!*

ORDINANCE FEE/PENALTY SCHEDULE

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

Non payment after ninety days turned over to Hearing Office for legal action.

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

Please return completed application with \$10 check or money order to:

Mail:
PCSO Attn: Alarm Unit
POB 867
Florence, AZ 85132

In Person:
PCSO Admn Building
971 N Jason Lopez Circle # C
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. A \$10.00 fee is to be included with your completed alarm application and subsequent annual renewal forms, cash 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 in writing, 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 responsible party 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.pinalcountyz.gov.
10. Please complete and return the enclosed application, along with payment to the address listed below. Your Permit/Receipt 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@pinalcountyz.gov
REVISED NOV 2008