

# ALARM USER REGISTRATION

## Clark County Alarm Users

**Clark County Sheriff's Office**  
PO Box 410, Vancouver, WA 98666  
(360) 397-2127 FAX: (360) 397-2361

FOR ALARM UNIT USE ONLY

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

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

Name of Alarm User/s: (A) \_\_\_\_\_  
(If business, advertised name. If residence, name of adults.)

(B) \_\_\_\_\_

Date of Birth: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Alarm Location:  Residence  Business – Type of Business \_\_\_\_\_

If Residence:  House  Condominium  Apartment  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street Number City and State Zip Code

Mailing Address: \_\_\_\_\_  
If different from street address (PO Box) City & State Zip Code

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Alarm System:

Panic  Robbery/Holdup

Fire Alarm (activated by system or alarm user)  Medical Alert

Installation Date \_\_\_\_\_  Audible Only (local siren)  Monitored Only (by Alarm Company)  Both

Alarm Co: \_\_\_\_\_ Phone: \_\_\_\_\_ Alarm Co. Lic.: \_\_\_\_\_

Monitoring Co (if different): \_\_\_\_\_ 24-hour Phone: \_\_\_\_\_

Please list two persons other than listed on line one who can be contacted to assist the deputy or Fire department to secure your premises or reset the malfunctioning alarm.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructions to help deputies respond/search your premises: ( example: guard dog, additional contacts, cellular phone or pager numbers, automatic lights, medical condition) \_\_\_\_\_

Signature (Required): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**OPTIONAL:** BY CHECKING THIS BOX, ALARM USER WAIVES THE FOURTEEN (14) DAY SYSTEM TEST PERIOD AND AGREES TO TAKE RESPONSIBILITY FOR ALL ALARM RESPONSES DURING THAT PERIOD.

IF YOU LIVE WITHIN THE CITY LIMITS OF THE FOLLOWING TOWNS YOU DO NOT HAVE TO REGISTER:  
BATTLE GROUND, CAMAS, LA CENTER, RIDGEFIELD, WASHOUGAL OR YACOLT.

CITY OF VANCOUVER: ATTN: VANCOUVER POLICE ALARM CENTER, PO BOX 1995, VANCOUVER, WA 98668  
(360) 696-8172 FAX: (360) 759-4455

OUTSIDE CITY LIMITS: CLARK COUNTY SHERIFF'S OFFICE, ATTN: ALARMS, PO BOX 410, VANCOUVER, WA  
98666, (360) 397-2127 FAX: (360)397-2361.

### **REGISTRATION**

- An annual twenty dollar (\$20.00) fee will now be required for the registration of all alarm systems.
- Alarms must be registered with the Clark County Sheriff's Alarm Center before activation.
- If reason exists to believe an alarm system is not being used, or maintained, in proper a manner an inspection may be required. Inspections and corrective action shall be the responsibility of the alarm user, or alarm service company.

### **VERIFICATION**

A penalty of \$100.00 may be issued to any alarm monitoring company that fails to attempt verification of alarm system activation. Methods of verification include:

- The establishment of voice communication with an authorized person near the alarm site.
- An electronic means for the alarm user to notify the monitoring company to cancel an alarm.
- The installation of a video system that allows the monitoring company the ability to ascertain that activity exists warranting a police response.
- A system of confirmation of the need for a public safety response before an alarm dispatch request to the County.
- An alternate system approved by the Clark County Sheriff.

### **PENALTIES**

The revised code also includes the following penalty structure:

• Failure to register	\$100 and possible disconnection
• First false alarm in a twelve month period	\$50
• Second false alarm in a twelve month period	\$100
• Third false alarm in a twelve month period	\$150
• Fourth false alarm in a twelve month period	\$200
• Fifth false alarm in a twelve month period	\$250
• Sixth false alarm in a twelve month period	\$300 and deactivation

For more information please contact the Clark County Sheriff's Office at (360) 397-2127.