Dear Applicant,

Attached is the City of Scottsdale Alarm User Permit application. 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 1586
Scottsdale, AZ 85252-1586

Applications are to be returned no later than 7 days after the owner of the alarm system places it in a state of readiness.

The service charge for false alarms is as follows:

- First and second: $0
- Third: $50.00
- Fourth: $75.00
- Fifth and Sixth: $100.00 each
- Seven or more: $200.00 each

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

To Applicant: For an overview of Alarm User responsibilities, visit www.ScottsdaleAZ.gov.

Alarm Type: Residential ____ Business: ____ Date Placed into Operation: ________________

1. Alarm User or Business Name: ____________________________________________________

2. Service Address: ________________________________________________________________ Scottsdale, AZ Zip Code: __________

3. Mailing Address (If different than above): _________________________________________

City: ___________________ State: _____ Zip Code: __________

4. Phone 1: ( ) ______ - _______ Phone 2: ( ) ______ - _______

E-Mail: ______________________________________________________________

5. Responsible Representatives (Required):

Name: __________________________________________________________ Phone: ( ) ______ - _______
Name: __________________________________________________________ Phone: ( ) ______ - _______

6. Alarm Monitoring Company and Installation Company:

Monitoring Co: ______________________________________ Phone: ( ) ______ - ______
Installation Co: ______________________________________ Phone: ( ) ______ - ______

7. Type of Alarm System (check all that apply): Burglar____ Fire____ Medical____ Panic____

8. Date System was Installed: ____/____/_______ New Alarm System?: Yes ____ No ____

INFORMATION ON THIS APPLICATION MAY BE SHARED WITH YOUR ALARM SERVICE PROVIDER

I HEREBY CERTIFY THAT MY ALARM SYSTEM HAS BEEN INSPECTED AND MAINTAINED BY A LICENSED ALARM BUSINESS FOR THE PRIMARY USER OF THIS SYSTEM. I HAVE BEEN INSTRUCTED ON HOW TO USE THIS SYSTEM. THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO ACCEPT COMPLETE RESPONSIBILITY OF ANY AND ALL CHARGES, AND/OR FEES ACCRUED BY MY ALARM SYSTEM IN ACCORDANCE WITH THE CITY OF SCOTTSDALE ALARM ORDINANCE NO. 3796.

Applicant Signature: ____________________________________________ Date: ____/____/_______