



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 1570  
Scottsdale, AZ 85252-1570

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](http://www.ScottsdaleAZ.gov)



# ALARM USER PERMIT APPLICATION

<b>Staff Use Only</b>
Alarm User Permit # : _____
Fee: <b>\$10.00</b>

City of Scottsdale  
 7447 E. Indian School Rd., Suite 110, Scottsdale, AZ 85251  
 Telephone: (480) 312-2400    www.ScottsdaleAZ.gov/alarms

**To Applicant: For an overview of Alarm User responsibilities, visit the City of Scottsdale web site listed above.**

Alarm Type: Residential \_\_\_\_\_ Business \_\_\_\_\_ Date Placed into Operation: \_\_\_\_\_

1. Alarm User or Business Name: \_\_\_\_\_

2. Service Address: \_\_\_\_\_

City: **SCOTTSDALE** State: **AZ** Zip Code: \_\_\_\_\_

3. Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

**5. Responsible Representatives (Required - application cannot be processed if left blank):**

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**6. Alarm Installation Company, Monitoring Company and Agent Information:**

Installation Co: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Monitoring Co: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Alarm Agent: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

7. Type of Alarm System (check all that apply): Burglar \_\_\_\_\_ Medical \_\_\_\_\_ Fire \_\_\_\_\_ Panic \_\_\_\_\_

8. Date system was last inspected: \_\_\_\_\_ 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, IF NECESSARY, MAINTAINED BY A LICENSED ALARM BUSINESS OR 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 FOR ANY AND ALL CHARGES, AND/ OR FEES ACCRUED BY MY ALARM SYSTEM IN ACCORDANCE WITH THE CITY OF SCOTTSDALE ALARM ORDINANCE NO. 3795.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_