

Alarm Permit Application/Renewal

City of Chandler Police Department

Account/Permit # _____

250 E Chicago St - Chandler, Arizona 85225
 Mailing: PO Box 4008, Mail Stop 303, Chandler, Arizona 85244-4008
 Phone: 480-782-4201 | Fax: 480-782-4222 | alarms@chandleraz.gov

For initial registration, complete this permit application and submit it to the Chandler Police Department Alarm Unit. For a renewal permit, please review information for accuracy and update any necessary fields. The permit form **must** be signed, dated, and **returned** via email to **alarms@chandleraz.gov**, via fax, via mail, or deliver to the Chandler Police Department Alarm Unit. Payment may be submitted online, via mail or delivered to the Chandler Police Department. Make checks payable to Chandler Police Department. For additional information visit **www.chandlerpd.com/safety/alarm/** or call the Alarm Unit.

- \$10.00 registration/renewal fee enclosed, or paid online or at the Chandler Police Department.
- Registration Fee Waiver (Residential Alarm Users age 65 and older are exempt from the permit fee.) DOB (if exempt): _____

Location (physical address)				Responsible Party (mailing address)			
Name (Last, First) or Business Name				Name (Last, First)			
Street Address and Apt./Ste.				Street Address and Apt./Ste.			
Chandler		AZ					
City		State		City		State	
		Zip				Zip	
Phone 1		Phone 2		Phone 1		Phone 2	
Email Address				Email Address			
Local Contact 1 (if different than above)				Local Contact 2 (if different than above)			
Name (Last, First)				Name (Last, First)			
Street Address and Apt./Ste.				Street Address and Apt./Ste.			
City		State		City		State	
		Zip				Zip	
Phone 1		Phone 2		Phone 1		Phone 2	
Do you have any animals on the premises which law enforcement needs to be made aware of when responding to an alarm activation? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they a danger to a responding officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the name(s) of your pets (optional): _____ Are there any persons with medical conditions on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Relevant details: _____ Any additional comments: _____							
Alarm Monitored By				Alarm Sold By			
Alarm Company				Alarm Company			
Street Address and Apt./Ste.				Street Address and Apt./Ste.			
City		State		City		State	
		Zip				Zip	
Phone		Fax		Phone		Fax	

It is the alarm owner's responsibility to prevent false alarms and to ensure that all system users are properly trained. I hereby certify that the above information is accurate. I accept complete responsibility for any and all charges and/or fees incurred by installing and using this alarm system in accordance with the City of Chandler Municipal Code Chapter 24. By typing my signature, I am electronically agreeing to the terms of the Alarm Unit.

Signature: _____ Date: _____