Des Moines Police Department
21900 - 11th Avenue South
Des Moines, WA 98198-6319
(206) 878-3301

Office Use Only	
Permit #:	
Clerk:	
Amount:	
Date Issued:	
Permit Yr:	
Entered by:	

Alarm Registration Application

Date_____ ☐ **New** ☐ **Replace Decal #**_____ ☐ **Update** ☐ **Renewal**

I. Subscriber Information

(Please type or print legibly with ballpoint pen)

☐ Commercial ☐ Residential ☐ Owner occupied ☐ Rental

Business/Resident Name(s)_____ Home # _____

Cell # _____

Street Address_____ Work # _____

Mailing Address_____ Additional Phone_____

Property Owner (if different)_____

Owner's Address_____ Owner's Phone _____

Animals on Premise ☐ Yes ☐ No Type _____ Number of Animals_____

Drivers License # and State _____ E-mail Address _____

II. Alarm Company Information

Type of Alarm System: ☐ Audible ☐ Silent ☐ Not Monitored By An Alarm Company

Alarm Servicing Company Atronic Alarms, Inc Phone 402.895.1800

Alarm Monitoring Company CMS Phone 800.432.1429

III. Emergency Notification

List two responsible representatives (other than the applicant) who will have keys and respond within 30 minutes to an alarm activation to assist the police in determining the cause of the alarm activation and to secure the premises (if no one within 30 minutes has a key, list someone who could help us get in touch with you).

1. Name _____

   Day Telephone (_____) _____ Night Telephone (_____)_____

2. Name _____

   Day Telephone (_____) _____ Night Telephone (_____)_____

City of Des Moines Ordinance 1360 requires all businesses and residences with burglary alarm systems to have a valid alarm registration. Failure to complete this application, or to pay your $25 fee could result in NO POLICE RESPONSE to your alarm system, and/or a penalty of $200.

Registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response by the City of Des Moines Police Department. Any and all liability and consequential damage resulting from failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By registering an alarm system, the alarm user acknowledges that police response may be based on many factors, including but not limited to availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions, and staffing levels.

Signature _____

Help Prevent False Alarms

Make checks payable to City of Des Moines

Mail to: Des Moines Police Department
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