



CITY OF
SUMNER
WASHINGTON

Office Use Only

Permit # _____
Clerk _____
Amount _____
Date Issued _____

ALARM REGISTRATION APPLICATION

One-time Fee: \$25 Senior Waiver (age 65): _____

Date: _____ New Update Replace Decal # _____

I. SUBSCRIBER INFORMATION

If a rental, is subscriber Landlord Tenant? **Both** – for business in home, complete both sections

Residential Permit (list both spouse names)
Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Work #: _____ Name _____

Work #: _____ Name _____

Cell #: _____ Name _____

Alarm Street Address (if different than mailing address): _____

City: _____ State: _____ ZIP: _____

Commercial/Nonresidential Permit
Business Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Contact Name _____

Contact Home Phone _____

Contact Other Phone _____

Alarm Street Address (if different than mailing address): _____

City: _____ State: _____ ZIP: _____

II. ALARM COMPANY INFORMATION

Alarm Company: _____ Phone: _____

Type of Alarm (check all that apply): Audible Silent Intrusion/Burglar Duress/Hold-up

III. EMERGENCY NOTIFICATION

List two responsible representatives (other than the applicant) who can and will 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.

Name: _____ Home: _____ Work: _____ Other: _____

Name: _____ Home: _____ Work: _____ Other: _____

City of Sumner Code, Section 9.10 requires all businesses or residences with burglary alarm systems to have valid alarm registrations. 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 \$50 or more.

Registration of an alarm system does not create a contract, duty or obligation, either expressed or implied, for police to respond. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed, and governmental immunity as provided by law is retained. By registering an alarm system, the user acknowledges that any police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

Signature: _____

Return completed form to Sumner Police Dept, 1104 Maple Street, Ste 140, Sumner, WA 98390
253-863-6384

Please help prevent false alarms.

Please note that all payments must be cash or check. We do not have the ability to accept credit cards.

ALARM REGISTRATION APPLICATION

