



CITY OF STILLWATER

ALARM PERMIT APPLICATION / RENEWAL FORM



Please ensure all information exactly matches that provided your alarm company.

Differences may cause confusion or delay response time.

The information on the alarm form will supersede and replace any information already on file.

INSTRUCTIONS FOR FILLING OUT PERMIT FORM

1. **Premises Type** – please check residential, business or government.
2. **Alarm Type** – check one of the boxes to signify the type of alarm you have. This also shows fees for each type of alarm. Citizens who are 62 years of age and Government entities do not pay fees. *Age discount only applies to a residential alarm.*
3. **Alarm Location Information** – fill in the physical address and phone number for the location of the alarm. Also list any potential hazards located on the property.
4. **Billing Address** - Is there an address, other than the alarm address that invoice information should be sent to? If not leave blank and invoice will go to the address of the alarm. Also, indicate if you have never had an alarm permit sticker or your current sticker is damaged or faded and you need a new one.
5. **Alarm Monitoring Company** – enter the name and phone number of your alarm company.
6. **Primary Contact Information** - this would be the first person contacted if the alarm activates.
7. **Secondary Contact Information** - list persons to respond should the primary contact not be available. Names and numbers in the order you prefer they be called.
8. **Acknowledgement** – please read this statement then sign and date below.
9. **E-mail** – by providing your e-mail you agree to receive notifications about your alarm by e-mail.

FREQUENTLY ASKED QUESTIONS

1. **Who should I make my check out to?** City of Stillwater
2. **Where do I mail my alarm form and payment?** Stillwater Police Department, Alarm Administrator, PO Box 1725, Stillwater, OK. 74076
3. **Will I receive a new permit sticker each year?** Only if you need to replace a damaged sticker.
4. **Will I receive a sticker for both my fire and burglar alarm?** Each alarm location will receive one sticker regardless of the number or type of alarms.
5. **Where do I place my alarm sticker?** Place the sticker so it is visible on a front window or door. You may remove the old sticker.
6. **Who do I contact if any of my information changes?** Please call the Stillwater Police Department at 372-4171 and ask for the alarm administrator. You may also use alarmadmin@stillwater.org for changes or minor questions concerning alarms.
7. **What does the City Ordinance state about false alarms?** 3 or more false alarms in a calendar month or 6 or more in a calendar year may result in a fine. If you have false alarms you should advise the alarm administrator of the action you are taking to ensure the problem is being addressed or repaired.
8. **When do I pay a late fee?** Your alarm fee is due January 1st and late after March 1st of each year. The late fee of \$25.00 will be added to your alarm fee.
9. **Can I pay with credit card?** Yes, you will need to come into the Police Department to do so. We are unable to process credit cards through the mail at this time.



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ALARM PERMIT TYPE REQUESTED					
PREMISES TYPE WHERE THE ALARM IS INSTALLED					
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> BUSINESS		<input type="checkbox"/> GOVERNMENT	
TYPE OF ALARM (CHECK ALL THAT APPLY)					
<input type="checkbox"/> BURGLAR / PANIC ALARM (\$6.00 FEE)		<input type="checkbox"/> FIRE ALARM (\$6.00 FEE)		<input type="checkbox"/> BOTH (\$12.00 FEE)	
ALARM LOCATION INFORMATION					
PHYSICAL ADDRESS WHERE THE ALARM IS LOCATED		CITY / STATE / ZIP CODE		PHONE NUMBER AT ALARM LOCATION	
NAME OF BUSINESS OR GOVERNMENT ENTITY (IF APPLICABLE)					
DESCRIBE ANY KNOWN HAZARDS AT THE ALARM LOCATION (I.E. STORED CHEMICALS, ANIMALS, ETC.)					
BILLING INFORMATION					
MAILING ADDRESS		CITY / STATE / ZIP CODE		PHONE NUMBER	
E-MAIL ADDRESS			NEW PERMIT STICKER NEEDED?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ALARM MONITORING COMPANY INFORMATION					
COMPANY NAME				PHONE NUMBER	
PRIMARY CONTACT INFORMATION					
NAME				PHONE NUMBER #1	
ADDRESS				PHONE NUMBER #2	
SECONDARY CONTACT INFORMATION					
NAME #1				PHONE NUMBER #1	
ADDRESS				PHONE NUMBER #2	
NAME #2				PHONE NUMBER #1	
ADDRESS				PHONE NUMBER #2	
NAME #3				PHONE NUMBER #1	
ADDRESS				PHONE NUMBER #2	
ACKNOWLEDGEMENT					
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS VALID. I WILL ACCEPT RESPONSIBILITY AND/OR EXPENSES FOR FALSE ALARMS COMMUNICATED TO THE POLICE DEPARTMENT. I WILL NOTIFY THE STILLWATER POLICE DEPARTMENT WITHIN TEN DAYS FOLLOWING ANY CHANGE IN THE ABOVE INFORMATION.					
SIGNATURE				DATE	
* THIS AREA FOR OFFICIAL USE ONLY *					
PERMIT NUMBER	CLERK	CHECK NUMBER	CASH / CREDIT	AMOUNT PAID	DATE