



City of King City

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www.ci.king-city.or.us

\$45 One Time Fee

Security Alarm Permit Application

1. Alarmed Location

Exempt Government

Occupant Name or Business Name Phone 1 _____

Address Phone 2 _____

City State Zip

2. Responsible Party

Name Phone 1 _____

Mailing address if different from Alarmed Location Phone 2 _____

City State Zip

3. Contact Names

Contact 1

Name Phone 1 _____

Contact 2

Name Phone 2 _____

Alarm Company Info.

Not Monitored/Audible Only

Monitored by: _____
Phone _____

4. Signature/Date

Date _____

For office use only

Date Received: _____ Receipt #: _____ Permit #: _____