



Permit #: _____

Marion Police Department Alarm Permit

This alarm permit is hereby issued to _____

in accordance with Marion City Ordinance 137.23-02. This alarm permit is valid for two

(2) years, from _____ Until _____

A fee of \$20.00 is required for this permit.

Please supply the names of three people who have access to the alarm and will be available to reset the alarm, should it be activated for any reason.

Name Phone Number

Name Phone Number

Name Phone Number

Ordinance 137.23-05 CLASSIFYING ALARMS; FEES CHARGED

(A) For each response by any emergency unit of the city to an alarm, the responding officer or Police Department agent, personnel, or employee will cause a report to be filed, classifying the alarm as one of the following:

- (1) False alarm, system test with no notification or system malfunction
- (2) Valid alarm for cause designated

(B) There shall be a service fee charged for false alarms according to the following schedule:

- (1) First response (none in last year) – no fee.
- (2) Second response (within calendar year) – no fee
- (3) Third response (within calendar year) – no fee
- (4) Fourth response (within calendar year) - \$25 fee
- (5) Fifth response (within calendar year) - \$25 fee
- (6) Sixth response (within calendar year) - \$ 50 fee
- (7) Seventh response (within calendar year) - \$50 fee
- (8) Eight response (within calendar year) - \$100 fee
- (9) Ninth response (within calendar year) - \$100 fee
- (10) Tenth or more response shall result in a \$150 fee and a written notification to the alarm user that upon activation of the next false alarm, the alarm user’s permit shall be revoked. There will be no response from the police department to any subsequent alarm until said alarm has been inspected and certified it is in good working order.

Business name (if applicable) _____

Alarm Types: (Circle all that apply) **Burglary** **Robbery** **Fire** **Medical** **Panic**

Alarm Location Address _____

Alarm Company: _____

Alarm Contact Phone #: _____