

Dear Alarm User:

In an effort to reduce false alarms, the Portage City Council enacted an alarm ordinance on December 8, 1987, mandating that each alarm user obtain an alarm permit issued by the Portage Department of Public Safety. There is no fee for the Alarm Permit.

A user fee schedule was implemented in an effort to curtail false alarms. There is no fee for the first false alarm; however, fees for subsequent false alarms will be assessed according to the following schedule:

2nd false alarm within a calendar year	\$ 25.00
3rd false alarm within a calendar year	\$ 35.00
4th false alarm within a calendar year	\$ 50.00
5th false alarm within a calendar year	\$ 75.00
6th and subsequent alarms within a calendar year	\$100.00

A provision was made in the ordinance to revoke alarm permits after eight false alarms within a calendar year. Appeals may be made to the False Alarm Review Committee. A complete copy of the ordinance is on file and may be reviewed at the City Clerk's office or the Portage Department of Public Safety.

Please complete the enclosed Alarm Permit Application in its entirety. Retain the yellow copy for your files and return the original (white) copy to the Portage Department of Public Safety within 15 days to ensure that we have accurate information on file regarding your premises. For your convenience, you may fax this permit back to us at (269) 329-4569. A new alarm permit needs to be completed every 12 months.

If you have any questions regarding the False Alarm Ordinance or alarm permit, please feel free to call the Portage Department of Public Safety Records Section at 329-4572.

Please return the alarm permit to: Portage Police Records
7810 Shaver Road
Portage, MI 49024

Sincerely,



Amber Deniston
Records Clerk

Portage Police Division

7810 Shaver Road ♦ Portage, Michigan 49024 ♦ (269) 329-4567 ♦ Fax (269) 329-4569
www.portage.mi.gov



ALARM USERS PERMIT APPLICATION

BUSINESS/RESIDENT NAME ADDRESS & ZIP CODE PHONE

BUSINESS OWNER/MANAGER NAME HOME ADDRESS PHONE

BUSINESS HRS: SUN MON TUES WED THURS FRI SAT

EMERGENCY CONTACTS: (Three are required. List in preferred calling order.)

NAME ADDRESS PHONE 1. 2. 3.

GENERAL INFORMATION: (Place "X" for all that apply. Please fill in completely.)

TYPE OF ALARM SITE: BUSINESS TYPE

BANK/CREDIT UNION SINGLE RESIDENCE MULTIPLE DWELLING OTHER

ANY WEAPONS ON PREMISES? YES NO

IF YES, WEAPON DESCRIPTION: RIFLE HANDGUN SHOTGUN OTHER

WHERE ARE WEAPONS KEPT?

EXIT DOORS: N S E W NE NW SE SW

ALARM INFORMATION

DATE ALARM INSTALLED ALARM COMPANY NAME

ADDRESS PHONE

TYPE OF ALARM: ON PREMISES AUDIBLE? MONITORED AT ALARM CO.?

SIGNATURE: DATE:

This permit is authorization for an alarm system for the above location only. Additional sites require additional permits. This permit is not intended to certify operability or effectiveness of the alarm equipment system or any portion thereof. The issuing agency reserves the right to revoke this permit for violations of any state law or ordinance relating to the operation of the alarm system.