

Alarm System Permit Registration

City of Richmond, KY

Permit # _____

Date _____

Type of application (select one): New Update Commercial Residential

Applicant and Property Information

Applicant Name:	
Address and telephone number:	
Name of Business/Property to be serviced by alarm:	
Physical Address of Property:	
City, St, ZIP:	
Name, address, and telephone number of the person responsible for the upkeep and operation of the alarm system and payment of fees and fines assessed for excessive false alarms:	
Name, address, and telephone number of business installing the alarm system:	

Monitoring and Service Information

Name, address, and telephone number of the company that will monitor the alarm:	
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Key Holder Information

(Must be a person with access and authorized to enter alarmed premises during emergencies or alarm activations to reset or shut off the alarm.)

Key Holder #1: Name, address, and telephone numbers at which he/she can be contacted after business hours:	
Key Holder #2: Name, address, and telephone numbers at which he/she can be contacted after business hours:	
Key Holder #3: Name, address, and telephone numbers at which he/she can be contacted after business hours:	

Optional Premise Details (CONFIDENTIAL - FOR AUTHORIZED RESPONDER USE ONLY)

In order to ensure the safety of our responders and the public and to enable officials to better protect your property, this section allows for the optional inclusion of information regarding potentially hazardous circumstances that may pose a threat of harm to responders (i.e., animals, hazardous substances, etc.) Please use additional paper if necessary.

Acknowledgment

Permit/Registration of an alarm system is not intended to, nor will it, create a contract, duty, or obligation, either expressed or implied, of response. 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. It is the alarm owner's responsibility to prevent false alarms, and assure that all users of the system are trained on the proper use of the system. Please notify this agency along with your alarm company of any changes to this information.

I acknowledge that I have read and understood the requirements of Richmond City Ordinance #12-07 as it relates to alarm systems and false alarms.

I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise.

Signature: _____

Date: _____

*Please make check payable to: **City of Richmond***

Please mail the check to:
Richmond Police Department
c/o Alarm Coordinator
1721 Lexington Road
Richmond, Kentucky 40475

FEESCHEDULE:

System Registration Fee: \$25.00 one time

FalseAlarmFees:

Proven actual calls are exempt and multiple calls within the same response shall be considered as one.

First 3 alarms in calendar year: No charge

4th & 5th fire alarm: \$250 each

6th & 7th fire alarm: \$500 each

8th & up fire alarm: \$1000 each

4th & 5th security alarm: \$50 each

6th & 7th security alarm: \$100 each

8th & up security alarm: \$300 each