



CRAIG ZANNI
SHERIFF

COOS COUNTY SHERIFF'S OFFICE

ALARM PERMIT APPLICATION

Applicant Name (1) _____
(Last) (First) (Middle)

DOB (1) _____ Phone (H/C/W) _____ Phone (H/C/W) _____

Applicant Name (2) _____
(Last) (First) (Middle)

DOB (2) _____ Phone (H/C/W) _____ Phone (H/C/W) _____

Property Address _____

Alarm Company Name _____ Phone _____

Type of Alarm _____

Property Gate/Lock Combination _____

Special Instructions _____

Pets/Aggressive Animal(s) _____

First Emergency Contact _____
(Last) (First) (Middle)

Phone (H/W/C) _____ Phone (H/W/C) _____

Second Emergency Contact _____
(Last) (First) (Middle)

Phone (H/W/C) _____ Phone (H/W/C) _____

Date Paid _____
Receipt# _____
Cash _____ Check # _____

PERMIT NUMBER _____
DATE ISSUED _____
EXPIRATION _____