



City of Walla Walla
 Alarm Registration Form
 15 North 3rd Avenue, Attn: Dispatch
 Walla Walla, WA 99362
 Phone (509) 527-1964
 Fax (509) 527-1965
 Email: pscsup@wallawalla.gov



Type of Application

First Time

Update Info

Other

Type of Alarm

Burglary

Panic / Robbery

Medical

Fire

Other

Type of Property

Business - Commercial

Business - Industrial

Residential - Private Residence

Short-Term Rental (Air BNB, FRBO, etc.)

Other

Alarmed Location

Business Name (if applicable)

Name of Responsible Party

Mailing Address (if different than alarmed location)

Primary Phone for Responsible Party

Secondary Phone for Responsible Party

Name of Secondary Responsible Party

Mailing Address (if different than alarmed location)

Primary Phone for 2nd Responsible Party

Secondary Phone for 2nd Responsible Party

Provide Names, Relationship, and Phone Number of up to two additional key holders if the Responsible Party is unavailable and contact is needed.

Alarm Company Name and Phone Number

Alarms not Monitored by an Alarm Company

Audible only

Online or other self-monitoring (camera or homemade systems)

Other

Information for Responders. REQUIRED FOR SAFETY OF RESPONDERS (use the other field to provide details)

Dogs on property

Hazmat on site

Automatic Fire Suppression System

Coded Gate (may provide code in other)

Padlocked Gate

Knox box

Relevant Medical / Disability Information

There are no know hazards on site

Other

Protective Sweep: A protective sweep is a visual inspection of a home or business by emergency personnel when an alarm is activated, the premise is unsecured or shows signs of forced entry. A responsible party is not on site to give or refuse consent for the responders to enter.

I certify that I have completed this form to the best of my knowledge. I understand that I am responsible to update this information immediately upon any change. I have read and understand the Alarm Ordinance. I have taken steps to ensure family, employees, guest, or others who access to the property understand how to properly use the alarm and actions in the event of an accidental alarm. I understand that response from emergency services may be influenced by factors including, but not limited to, the availability of responders, priority calls, traffic and/or weather conditions, emergency conditions and staffing levels.

Signature

Date

Contact Phone Number

Email