



CITY OF CARNATION – KING COUNTY SHERIFF’S OFFICE

SECURITY ALARM REGISTRATION or RENEWAL

Carnation Municipal Code 9.18.040 Section A states: “After October 2001, no person shall operate or use an alarm system on any premises within the city, under that person’s control, without first having obtained an alarm registration from the city clerk. A separate alarm registration shall be required for each premise protected by an alarm system.”

Please ensure that you reside within the City Limits of Carnation, before submitting this form.

Mail the completed form to Carnation City Hall, PO Box 1238, Carnation, WA 98014 or email to cityhall@carnationwa.gov
Questions and inquiries may be made by calling City Hall at: 425-333-4192.

COMMERCIAL ALARM

Business Name:		Business Phone:	
Street Address:		Business Back Line:	
Property Manager/		Work:	
		Cell:	
Owner Name:		Home:	
		Cell:	
Owner Date of Birth:			
Billing Address if different from above:			

RESIDENTIAL

Name(s) (Last, First)		Work:	
		Cell:	
Date of Birth:			
(Last, First)		Work:	
		Cell:	
Date of Birth:			
Street Address:		Home Phone:	
Owner’s Name, if different from above:			

ALARM INFORMATION

Monitoring Company		Phone:	
Mailing Address:		Alternate Phone:	
Alarm Type:	Check all that apply: <input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Panic <input type="checkbox"/> Medical <input type="checkbox"/> Robbery		

EMERGENCY CONTACTS

Name:		Relationship:	Phone:
Name:		Relationship:	Phone:

Printed Name of Applicant

Signature of Applicant

Date

By providing your signature above, you are authorizing the KCSO to enter your residence, for the sole purpose of disarming said alarm, after all reasonable attempts to contact you or your emergency contacts have been made.