



Patrick Schmidt, Chief Deputy
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VILAS COUNTY
 SHERIFF'S OFFICE

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 Eagle River, WI 54521-8362

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 Sheriff
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2020 Vilas County Alarm Permit Application

Vilas County Ordinance 9.21(5) ALARM PERMITS

(a) Requirement. No alarm system shall be installed on any property or in any building unless the alarm user, has been issued a permit by the Vilas County Sheriff's Office.

Vilas County Ordinance 9.21(6) DUTIES OF THE ALARM BUSINESS

(a) An alarm business shall use enhanced call verification or verified response prior to requesting a response by emergency services. Enhanced call verification or verified response shall not be used for holdup, duress, panic or fire alarms.

Vilas County Ordinance 9.21(8) FALSE ALARM FEE

(a) If the Sheriff's Office responds to a false alarm, the alarm user shall pay the County a false alarm fee according to the following schedule of fees for any false alarm occurring in a calendar year:

(i)	First two (2) false alarms	<u>No charge</u>
(ii)	Third, fourth, & fifth false alarm	<u>\$75.00</u>
(iii)	Sixth, seventh, & eighth false alarm	<u>\$150.00</u>
(iv)	Ninth, tenth, & eleventh false alarm	<u>\$300.00</u>
(v)	Twelfth & subsequent false alarm	<u>\$600.00</u>

The purpose of this ordinance is to reduce the number of false alarms and associated responses to false alarms. We want alarm companies and alarm users to maintain their alarms and have a contact list of individuals capable of responding for the owner's property.

The 2020 cost of the Vilas County Alarm Permit is **\$25.00**.

All permits are good for the calendar year issued. All 2020 permits will be expired after December 31, 2020.

Submit applications by mail with payment or email permit and submit payment to the address below.

Vilas County Sheriff's Office
 Attn: Lieutenant Greg Fulton
 330 Court St.
 Eagle River, WI 54521
vcalarms@vilascountywi.gov

Answer all questions completely and please PRINT clearly.

Name:

Telephone Number:

Cell Number:

Email Address:

Alarmed Street Address:

Road	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone number to alarmed address:

Mailing Address (if different than alarm address):

Road	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Names and Key holders or Caretakers:

First Name	Mid	Last Name	State	DOB	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information pertaining to the alarmed property:

If an alarm company services your alarm, please provide alarm companys name and phone number:

Please review Chapter 9.21 of Vilas County Ordinances for a complete explanation of the ordinance in effect. You will find the ordinance at vilascountywi.gov/index.php?page=County-Ordinances

Make checks payable to: Vilas County Sheriff's Office
Emailed permits will be processed after payment has been received.

I have read and completed the application and know it to be true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____