

ALARM PERMIT

Codified Ordinance Chapter 707.10



PLEASE PRINT

Permit No. _____

Alarm User (Resident or Business Name)		Date of Application
Street Address	City, State, Zip	
Telephone #	Alternate Phone #	
If a Business, Owner's Name		
Owner's Street Address	City, State, Zip	
Telephone #	Alternate Phone #	
ALARM INFORMATION		
Alarm Company	Phone #	
Does the alarm have an audible siren?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, does it reset?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contacts		
Primary (name)	Phone #	
Secondary (name)	Phone #	
Alternate (name)	Phone #	
By signing below, I certify that the above information is true and accurate. I also agree, as a resident or business, to abide by the City of Trotwood Ordinance regarding alarm systems and false alarms.		
Applicant's Signature	Date	
FOR CITY OF TROTWOOD USE ONLY		
Please return this application to the address below:		
Trotwood Police Department Attn: Alarm Permits 3035 Olive Road Trotwood, OH 45426		For questions, please call 937/854-7200
Approved By: Quincy E. Pope, Sr., Public Safety Director/Deputy City Manager		Date