

ALARM PERMIT

Codified Ordinance Chapter 707.10



TROTWOOD
GROWING TOGETHER



PLEASE PRINT

Permit No. _____

Alarm User (Resident or Business Name)	Date of Application
Street Address	City, State, Zip
Telephone #	Alternate Phone#
If as 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?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, does it reset?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency Contact 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 Signature

Date

FOR CITY 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: Erik L. Wilson, Police Chief

Date