CITY OF TRENTON
Division of Police

11 East State Street // Trenton, Ohio 45067
513-988-6341 / 513-988-5173 (fax)

APPLICATION FOR PERMIT
- Alarm Service Provider -

NAME OF SERVICE: _____

LOCAL ADDRESS: _____

CITY/STATE/ZIP: _____

LOCAL PHONE NUMBER: _____ **LOCAL FACSIMILE NUMBER:** _____

TOLL-FREE NUMBER (if applicable): _____

LOCAL MANAGER OR REPRESENTATIVE: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____

Date of Birth: _____ Social Security No.: _____

Have you ever been convicted of a crime other than a traffic offense? _____
If yes, give charge(s), date, place, and disposition of case: _____

BILLING ATTENTION: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

Billing Phone: _____ Billing Facsimile Number: _____
(if different from local)
Toll-Free Billing Phone: _____

FEE SCHEDULE: ___X___ ALARM SERVICE $25.00 yearly

I certify that the above statements are true and correct. I have read and understand the City of Trenton ordinance regarding alarms (Chapter 1062, *Emergency Alarm Systems*) and the standards and fees and agree to abide by them. I further understand that all fees are due and payable to the City of Trenton by February 1, 2010.

Signed: _____

Date: _____

last updated 8/6/2010, 10:15 AM