

CITY OF TRENTON

Division of Police

11 E State St / Trenton, OH 45067
513-988-6341 / 513-988-5173 (fax)

ALARM PERMIT

APPLICATION

- BUSINESS -

NAME OF BUSINESS: _____

ADDRESS of SYSTEM: _____

Trenton, Ohio 45067

ALARM COMPANY: _____

ADDRESS: _____

TELEPHONE #1: _____

TELEPHONE #2: _____

TYPE OF ALARM AND FEE(S) SCHEDULE:

_____	AUDIBLE ALARM ONLY sounds only at residence; no service	\$10.00 per 3 years
_____	AUTOMATIC DIALING DEVICE connected to service central station	\$10.00 per 3 years

Describe any additional features of the alarm system not covered: _____

Does this system have a monitored hold-up alarm or panic button? _____

Does this system have a monitored fire alarm? _____ (If yes, cc: will go to Trenton Fire Dept')

Are there any animals inside the home of which officers and/or firefighters should be made aware? _____

Please detail (e.g., 2 large dogs): _____

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.

Name of Applicant: (please print) _____

Signed: _____

Date: _____

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NAME OF BUSINESS: _____

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BUSINESS/LOCATION TELEPHONE NUMBER: _____

NOTIFICATION/CONTACT INFORMATION

NAME OF PERSON APPLYING FOR PERMIT: _____

(Primary Contact)

RELATIONSHIP TO BUSINESS/LOCATION: _____

HOME ADDRESS: _____

Telephone #1: _____ Type: _____

home, cell, work, other

Telephone #2: _____ Type: _____

home, cell, work, other

Telephone #3: _____ Type: _____

home, cell, work, other

Name of Second Contact: _____

Relationship to business/location, if any: _____

HOME ADDRESS: _____

Telephone #1: _____ Type: _____

home, cell, work, other

Telephone #2: _____ Type: _____

home, cell, work, other

BILLING INFORMATION

Send Bills to the Attention of: _____

Title: _____

BILLING ADDRESS: _____

Billing Office Telephone: _____

Fax: _____