

**CITY OF TRENTON**

**Division of Police**

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

**ALARM PERMIT**

**APPLICATION**

**- RESIDENTIAL -**

**NAME OF RESIDENT(S):** \_\_\_\_\_

**ADDRESS of SYSTEM:** \_\_\_\_\_

Trenton, Ohio 45067

**ALARM COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #1:** \_\_\_\_\_

**TELEPHONE #2:** \_\_\_\_\_

**TYPE OF ALARM AND FEE(S) SCHEDULE:**

<input type="checkbox"/>	<b>AUDIBLE ALARM ONLY</b> sounds only at residence; no service	<b>\$10.00</b> per 3 years
<input type="checkbox"/>	<b>AUTOMATIC DIALING DEVICE</b> connected to service central station	<b>\$10.00</b> 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 Dep't)

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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**ALARM PERMIT**  
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**NOTIFICATION/CONTACT INFORMATION**

**NAME OF PERSON(S) APPLYING FOR PERMIT:** \_\_\_\_\_  
**(Primary Contact)**

**ADDRESS of SYSTEM:** \_\_\_\_\_  
Trenton, Ohio 45067

**RESIDENCE/HOME TELEPHONE NUMBER:** ( ) \_\_\_\_\_

Resident Cell Telephone(s): ( ) \_\_\_\_\_ Whose? \_\_\_\_\_

( ) \_\_\_\_\_ Whose? \_\_\_\_\_

Resident Work Telephone(s): ( ) \_\_\_\_\_ Whose? \_\_\_\_\_

( ) \_\_\_\_\_ Whose? \_\_\_\_\_

Resident Other Telephone: ( ) \_\_\_\_\_ Type: \_\_\_\_\_

home, cell, work, other

**OTHER CONTACT INFORMATION**

**NAME:** \_\_\_\_\_

Relation, if any: \_\_\_\_\_

**SECOND CONTACT**

If unable to contact homeowners, this person/people should be contacted.

**HOME ADDRESS:** \_\_\_\_\_

Telephone #1: ( ) \_\_\_\_\_ Type: \_\_\_\_\_

home, cell, work, other

Telephone #2: ( ) \_\_\_\_\_ Type: \_\_\_\_\_

home, cell, work, other

**NAME:** \_\_\_\_\_

Relation, if any: \_\_\_\_\_

**THIRD CONTACT**

If unable to contact homeowners or second contact, this person/people should be contacted.

**HOME ADDRESS:** \_\_\_\_\_

Telephone #1: ( ) \_\_\_\_\_ Type: \_\_\_\_\_

home, cell, work, other

Telephone #2: ( ) \_\_\_\_\_ Type: \_\_\_\_\_

home, cell, work, other