

**CITY OF MIDDLETOWN
APPLICATION FOR ALARM PERMIT**

DATE _____ PERMIT NO. _____

Name of Business or Resident applying for permit _____

Address of Alarm _____ Phone No. _____

To whom and where should bills & correspondence be sent? _____

_____ Phone No. _____

Name, address & phone No. of company installing alarm system _____

Name, address & phone No. of company monitoring alarm system _____

If, in the event of an alarm, you cannot be contacted, who is to be notified?

NAME ADDRESS PHONE NO.

1. _____
2. _____

FEES AND TYPE OF PERMIT (Check only ONE)

- _____ **A. LOCAL ALARM WHICH SOUNDS AT PREMISES (Audible)**
1. Due February 1st
 2. Fee-\$10.00
 3. Renewable every three (3) years
- _____ **B. AUTOMATIC PHONE DIALING DEVICE CONNECTED TO ALARM CO. (They monitor the alarm system & call police when the alarm is activated)**
1. Due February 1st
 2. Fee-\$10.00
 3. Renewable every three (3) years

Describe any other features of your alarm system (hold-up, medical alert, fire, etc.),
Pets in residence, or anything pertinent not covered by the previous questions:

THERE IS A PENALTY FOR FALSE ALARMS IN EXCESS OF THREE (3) PER YEAR. CITY ORDINANCE 819.121 STATES: A FEE OF \$25.00 IS HEREBY ASSESSED AGAINST AN ALARM PERMITTEE WHOSE ALARM EMITS MORE THAN THREE (3) FALSE ALARMS IN ANY ONE CALENDAR YEAR AND FOR EACH FALSE ALARM THEREAFTER.

I certify that the above statements are true and correct. I have read and understand the ordinance dealing with alarms and the standards issued by the Chief of Police and agree to abide by them.

Date _____ Signature _____

If there are any changes in this information (name, address, call-outs, etc.) please notify this office either in writing or by phone. Thank you. Please make check payable to: City of Middletown, mail to: Middletown Division of Police, One Donham Plaza, Middletown, Ohio 45042 Attention: C. Linkous (513) 425-7787