



CITY OF AKRON
APPLICATION FOR ALARM USER LICENSE
(PLEASE PRINT)

For Office Use Only
License #

Address of Protected Premises \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

If Business, Name of Business \_\_\_\_\_ Phone # \_\_\_\_\_

If Business, Name of Person or Employee Responsible for System \_\_\_\_\_

Mailing Address, if different from premises \_\_\_\_\_

Classification of Alarm Site: \_\_\_\_\_ Owner Occupant/Residential \_\_\_\_\_ Commercial/Retail \_\_\_\_\_ Non-Profit \_\_\_\_\_ Education
(check only one)

\_\_\_\_\_ Tenant \_\_\_\_\_ Apartment \_\_\_\_\_ Financial \_\_\_\_\_ Industrial \_\_\_\_\_ Government \_\_\_\_\_ Other \_\_\_\_\_
(explain)

Purpose of Alarm System \_\_\_\_\_ Burglary \_\_\_\_\_ Robbery \_\_\_\_\_ Panic \_\_\_\_\_ Heat/Smoke \_\_\_\_\_ Other, (explain) \_\_\_\_\_

Type of Alarm System \_\_\_\_\_ Local (Outside Bell/Siren) \_\_\_\_\_ Heat/Smoke, etc. \_\_\_\_\_ Direct Wire to APD/AFD
\_\_\_\_\_ Automatic-Phone Dialer/Central Station \_\_\_\_\_ Fire (Pull-Down Box) \_\_\_\_\_ Other (explain) \_\_\_\_\_

Monitoring Company \_\_\_\_\_ Phone # \_\_\_\_\_

If premises is a business, list name, address, phone number of owner or officer:

\_\_\_\_\_

EMERGENCY CONTACT INFORMATION

NAME PHONE #

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NO CHARGE

CITY OF AKRON
TREASURY DIVISION/LICENSES
161 S HIGH STREET SUITE 200
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