EMERGENCY ALARM PERMIT APPLICATION

Name of Applicant: _____

Address: _____

Work Phone: _____ Home Phone: _____

Name of Alarm Company: _____

Address: _____

Business Phone: _____

Owner, Manager, or **Key** at:

Name: _____

Address: _____

Phone: _____

False Alarm charges will be paid by: _____

Applicant hereby agrees to abide by all the provisions set forth in Codified Ordinance 127.03 of the City of Bay Village.

_____ _____

Date Signature of Applicant

Approved:

_____ _____

Date Mark A. Spaetzel, Chief of Police

PERMIT NO. _____