



WESTERVILLE DIVISION OF POLICE

Application for Business Alarm Permit

"Being There When Needed"

PLEASE CHECK ONE: **New Application** **Update Information**

Office Use Only -- Permit #:

APPLICANT'S INFORMATION

Please Type or Print

Company Name	Date
Business Address, City, State, Zip	Business Phone
Mailing Address, City, State, Zip <i>(if different than above)</i>	Phone

® **There is a one-time \$25 fee for Business Alarm Permits** ®
Please make checks payable to the City of Westerville; include with application

PERSONS TO CONTACT IN CASE OF AN EMERGENCY

NAME 1.			TITLE:		
Home Phone (including area code)	Cell Phone (including area code)	Work Phone (including area code)			
NAME 2.			TITLE:		
Home Phone (including area code)	Cell Phone (including area code)	Work Phone (including area code)			
NAME 3.			TITLE:		
Home Phone (including area code)	Cell Phone (including area code)	Work Phone (including area code)			

TYPE OF PREMISES TO BE PROTECTED

(i.e., office building, computer center, medical, etc.)

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ALARM COMPANY INFORMATION

Alarm Company Name	Office Phone	Control Center Phone
Address	City, State	Zip

Type of System: Burglar Robbery Fire Central Monitoring
 Emergency Button Local Other:

I agree to abide by the provisions of Chapter 969 of the Westerville Codified Ordinances (hereinafter Alarm Ordinance) and all rules and regulations of the Westerville Division of Police and/or Fire in the installation, maintenance, and operation of my alarm system.

I agree and acknowledge that the City of Westerville makes no representations, express or implied, that my alarm system is acceptable or fit for any particular purpose and I voluntarily waive and release the City of Westerville and its employees, officers and agents, from any and all liability with respect to the operation of my alarm system or the approval, denial, or revocation of my alarm permit.

I fully understand that response to an alarm signal by the City of Westerville, Division of Police and/or Fire, may require forcible entry into the premises to ascertain the security of persons and/or property. I authorize such action and agree to save and hold harmless the City of Westerville and its employees, officers and agents, from any damage resulting therefrom.

I agree to pay all charges pursuant to the alarm ordinance with thirty (30) days when they become due. I agree to provide written notification to the Westerville Division of Police and/or Fire within ten (10) days of a change in the information on this application. I understand that my permit may be subject to termination for failing to do either of the above.

I understand that my permit is not transferable and that it will be kept on file with the Westerville Division of Police and/or Fire. A copy of the alarm ordinance is available for my review at 29 South State Street, Westerville, Ohio, and at www.westerville.org (see *City Departments Police Alarm Permits*).

Applicant's Signature

Date

Applicant's Printed Name

Title

**Forward completed application to: Westerville Division of Police
Attn: Patrol Secretary
29 South State Street
Westerville, Ohio 43081**

Office Use Only

Application is:	<input type="checkbox"/> Approved by:	<input type="checkbox"/> Denied by:	Date:
<i>Reason, if denied</i>			
_____ Joseph A. Morbitzer, Chief of Police			_____ Date