



INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to the address shown at the bottom of this form

1 Alarmed Location

Occupant Name or Business Name _____

Address _____

Suite/Apt# _____

City _____

State _____

Zip _____

2 Responsible Party (please complete if mailing address is different than above)

Email _____

Name _____

Phn1 _____

Address _____

Phn2 _____

City _____

State _____

Zip _____

Phn3 _____

3 Alarm Companies

Not Monitored

Monitored By

Phn1 _____

Serviced By

Phn1 _____

I understand that, in accordance with City Code Chapter 597, applicant is financially responsible for all charges and penalties specific in this section.

Printed Name _____ Signature _____ Date _____

NOTE: If information provided in application changes, you must notify the License Section within ten (10) working days. Attach your check, made payable to the City of Columbus Treasurer/License Section, for \$35.00 non-refundable fee and mail or deliver to:

Department of Public Safety - License Section
750 Piedmont Rd - South Entrance
Columbus, OH 43224