

City of Cleveland
Dept. of Finance, Division of Assessments & Licenses 601 Lakeside Ave, Room 122 Cleveland, OH 44114 216-664-2242

## **Alarm Permit Application**

Type of permit (check one)	_ Police	Fire	Police and Fire Combo
Please print clearly to complete this application.			
Business Name:			
Alarm Location:			
(Address & Suite or Unit)			
Business email:	· · · · · · · · · · · · · · · · · · ·		
Business Contact:			
Contact Email:			
Office Phone:	Cell Ph	one:	
Alternate Phone:			
INSTALLATION DETAILS:			
Alarm Installation Date:			
Alarm Installation Company:			
Monitoring Company (if different):			
Special Conditions/Comments (please	e note any haza	rdous conditions –	guard animals, weapons, substances, etc.)
Please read and sign: This is to certify that as the applying print been given training which includes procedures and practices to installation company left a set of written instructions for the almay be influenced by factors including, but not limited to the assignature: (Owner)  Registration & Renewal: Max of \$25/year total	ncipal, my immedi o follow in the eve arm system, inclu availability of office al, Paid annua	ate family, tenants, on that the alarm system ding written guideline ers, priority calls, traf	tem is accidentally activated. I also acknowledge that the es on how to avoid false alarms. The Police and Fire response fic conditions, emergency conditions and staffing levels.  Date:  Police OR Both combined.
<b>False Alarm Fines</b> : \$0 for 1st or 2nd offense (v (Police & Fire are considered separately). No add		•	
Mail Registration & Payment to: City of	Cleveland, I	Dept. of Finar	nce, Division of Assessments & Licenses

601 Lakeside Ave. Room 122, Cleveland OH 44114 Or email: DALBilling@clevelandohio.gov