



CITY OF
POWELL POLICE DEPARTMENT
 HONESTY • INTEGRITY • DEPENDABILITY

APPLICATION FOR ALARM USER LICENSE

(Powell Ordinance 92-18)

A. Name of Applicant(s): _____

(H) Phone # : (_____) _____ - _____ (W) Phone # : (_____) _____ - _____

Address: _____ City: _____ ST: _____

B. Property to be served: _____

Address: _____ Phone # : (_____) _____ - _____

Land Owner Name: _____

C. Emergency Contact Person(s):

1. Name: _____ Phone # : (_____) _____ - _____

Address: _____ City: _____ ST: _____

2. Name: _____ Phone # : (_____) _____ - _____

Address: _____ City: _____ ST: _____

D. Alarm Company: _____ Phone # : (_____) _____ - _____

Address: _____ City: _____ ST: _____

Account Number: _____ Type of Alarm: _____

Please complete this application and submit a check or money order in the amount of \$25.00, payable to the "City of Powell" for alarm registration. Incomplete applications will not be accepted.

The undersigned acknowledges the receipt of Chapter 711 of the Codified Ordinances of The City of Powell and understands said ordinance.

Applicant's Signature: _____ Date: ____ - ____ - _____

Chief of Police Signature: _____ Date: ____ - ____ - _____

47 Hall Street • Powell Ohio 43065-8357 • Phone (614) 885-5005 • Fax (614) 885-5594

