

**DELAWARE CITY ORDINANCE 557.03 REQUIRES THAT YOU RETURN THIS FORM (EVEN IF THE INFORMATION HAS REMAINED THE SAME).  
FAILURE TO COMPLY WITH THIS PROVISION MAY RESULT IN PENALTIES AS PROVIDED BY LAW.**

PLEASE PRINT OR TYPE

**DELAWARE POLICE DEPARTMENT  
RESIDENTIAL ALARM USER - APPLICATION AND LICENSE**

APPLICANT: \_\_\_\_\_  
(BUSINESS OR NAME) (ADDRESS) (PHONE)

ALARM USER CONTACT PERSON: \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE)

ADDRESS OF ALARM LOCATION: \_\_\_\_\_

TYPE OF ALARM: AUDIBLE \_\_\_\_\_ MONITORED \_\_\_\_\_

ALARM USED FOR: POLICE \_\_\_\_\_ FIRE \_\_\_\_\_ BOTH AGENCIES \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_  
(NAME) (ADDRESS) (ZIP)

ALARM CO. BUSINESS PHONE: \_\_\_\_\_ ALARM CO. EMERGENCY PHONE: \_\_\_\_\_

LIST THREE (3) PERSONS, WITH KEYS, TO BE CONTACTED WHEN AN EMERGENCY OCCURS AND THE "USER" IS NOT AVAILABLE.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RETURN THIS APPLICATION, ALONG WITH THE APPLICATION FEE (\$10.00), TO: **DELAWARE POLICE DEPARTMENT  
70 N. UNION STREET  
DELAWARE, OH 43015**

(MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF DELAWARE)

APPLICANT OR USER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICE USE ONLY**

NEW \_\_\_\_\_ RENEW \_\_\_\_\_ ISSUED \_\_\_\_\_ LICENSE SUPERVISOR \_\_\_\_\_