



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.

DELAWARE POLICE DEPARTMENT RESIDENTIAL ALARM USER - APPLICATION AND LICENSE

APPLICANT: _____

ALARM USER CONTACT PERSON: _____ (NAME) _____ (ADDRESS) _____ (PHONE)

EMAIL ADDRESS: _____

ADDRESS OF ALARM LOCATION: _____

TYPE OF ALARM: AUDIBLE _____ MONITORED _____

ALARM USED FOR: POLICE _____ FIRE _____ BOTH AGENCIES _____

ALARM COMPANY: _____ (NAME) _____ (ADDRESS) _____ (ZIP)

ALARM COMPANY PHONE NUMBER: _____

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 PAYAABLE TO THE CITY OF DELAWARE)

APPLICANT OR USER SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

NEW _____ RENEW _____ PAYMENT TYPE _____ ISSUE DATE _____ BADGE _____