

**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
BUSINESS 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 (\$25.00), 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: _____

OFFICE USE ONLY

NEW _____ RENEW _____ ISSUED _____ LICENSE SUPERVISOR _____