



APPLICATION FOR EMERGENCY ALARM AND PERMIT

Orrville Police Department
207 North Main Street
Orrville, Ohio 44667

Business or Residence Name _____ Phone () _____ Fax () _____

Mailing address _____

Address Where Alarm Is Installed _____, Orrville, Ohio 44667

E-mail address _____ Web site _____ Contact by email (Y) (N) _____

Owner's Name _____ Phone () _____

Owner's Mailing Address _____ City _____ State _____ Zip _____

Alarm Company Name _____ Phone () _____

Alarm Company Contact Person(s) _____

Alarm Company Address _____ City _____ State _____ Zip _____

Persons authorized to respond to an emergency and gain access to the address where the emergency alarm device is installed:
(List in order, starting with first person to be contacted, list after hours phone number, include cell phone and/or pager #'s)

Name _____	Title _____	Phone () _____ (Day time)	Phone () _____ (Night time/Cellular)
Name _____	Title _____	Phone () _____	Phone () _____
Name _____	Title _____	Phone () _____	Phone () _____
Name _____	Title _____	Phone () _____	Phone () _____

Other persons or suppliers who are responsible for maintenance and repair of the system:

Name _____ Address _____ Phone () _____

Type of Emergency Alarm (check all that apply):

SECURITY—

- Motion Detector
- Infrared
- Perimeter
- Robbery
- Other _____

FIRE—

- Sprinkler/Water Flow
- Smoke Detector
- Heat Detector
- Trouble
- Carbon Monoxide (CO)
- Pull Alarms
- Other _____

EMS —

- Medical

OTHER —

- _____

Any instructions to persons responding to alarms:

KNOX KEY BOX? Yes _____ No _____ If yes, location _____

***** Signature _____

Date _____

PERMIT — Approved by the Orrville Police Department

City Use Only

Date Appl Received _____ COMMENTS: _____

Date Permit Issued _____

Permit Number(s) _____

Approved By _____

Expiration Date _____

Permits are valid for a period of one year.

Alarms\ApplicationRevised (Revised 08/20/09)