

CITY OF BROOK PARK

Office of the Director of Public Safety
17401 Holland Road
Brook Park, Ohio 44142
216-433-1239

Permit Fee \$50.00

APPLICATION FOR ALARM PERMIT

Application is hereby made for a permit for a local alarm or direct alarm termination at the Police Communications Center, 17401 Holland Road, Brook Park, OH 44142, from my place of business located at:

ADDRESS

I certify that my business satisfies all eligibility and other requirements as prescribed by the Codified Ordinances of the City of Brook Park. I agree to abide by all rules and regulations of the Police Department and/or Fire Department in the installation, maintenance and operation of said alarm system.

I fully understand that the City of Brook Park shall not assume any liability whatsoever because of the approval or denial of permission to install a local alarm, or a direct alarm termination from my place of business to the Brook Park Communications Center. I acknowledge receipt of a copy of the alarm ordinance of the City and fully understand the penalty provision relative to false alarms.

The fee of \$50.00 accompanies this application for a permit, which I understand will be returned if the permit is denied. I agree to pay all future charges as they become due within (30) days of the mailing of a notice sent to me by the City of Brook Park. Failure to pay shall authorize immediate cancellation of the service by the City of Brook Park.

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

NAME OF APPLICANT: _____

TITLE OF APPLICANT: _____

PLEASE COMPLETE BOTH SIDES

TYPE OF PREMISE TO BE PROTECTED _____

Phone No. of person(s) to be called in an emergency:

NAME **ADDRESS** **PHONE #**

Type of on premise system (describe briefly, indicating whether manual or automatic, type of detectors, backup power, etc)

PREMISE SYSTEM INSTALLED BY WHAT CO? _____

ALARM TO BE SERVICED BY WHAT CO? _____

PHONE NUMBER OF ALARM SERVICE CO. _____

ALARM SERVICE CO. OWNS ALARM SYSTEM: _____ **YES** _____ **NO**

BUSINESS OPERATING HOURS: **Mon** _____ **Tues** _____ **Wed** _____

Thurs _____ **Fri** _____

Sat _____ **Sun** _____

TYPE OF SYSTEM: **LOCAL** _____ **DIRECT TERMINATION** _____

INTRUSTION _____ **FIRE** _____