CITY OF BROOK PARK

Office of the Director of Public Safety
6161 Engle Rd
Brook Park, Ohio 44142
216-433-1300

Permit Fee $100

Renewal before February 1st $50

APPLICATION FOR ALARM PERMIT

Application is hereby made for a permit for an ALARM SYSTEM from my place of business located at:

_____
NAME of BUSINESS /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 an alarm system from my place of business. 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 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 _____

_____

Contact information of person(s) to be called in an emergency:

NAME ADDRESS PHONE #

_____

_____

_____

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

_____

_____

_____

_____

PREMISE SYSTEM INSTALLED BY WHAT CO. _____

ALARM TO BE SERVICED / MONITORED BY WHAT CO. _____

PHONE NUMBER OF ALARM SERVICE / MONITORING CO. _____

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

BUSINESS OPERATING HOURS:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Sat _____ Sun _____

TYPE OF SYSTEM: LOCAL ONLY   INTRUSION   FIRE   PANIC / HOLD-UP
(Circle ALL that apply)   (No monitoring service)