



**CITY OF WHITEHALL  
APPLICATION FOR ALARM PERMIT**



**RESIDENCE**                      **BUSINESS**

Please type or print clearly.

Date \_\_\_\_\_

Resident / Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Resident / Business Phone: \_\_\_\_\_

Mailing Address (If you do not want alarm letters to go to the above listed address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Person to contact in case of emergency: (Must be able to respond in 30 minutes. List in order you would like to be called. After a listed person has been contacted no one else will be notified.)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**OVER**

Site # \_\_\_\_\_

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

Issued By \_\_\_\_\_

*(For department use)*

Alarm Company Name \_\_\_\_\_

Control Center Phone Number (*the number you call to cancel an alarm*) \_\_\_\_\_

**Type of alarm:**

- Robbery [ ] Burglary [ ] Fire [ ] Security Fogger [ ]  
Central Monitoring [ ] Panic Button [ ] Automatic Dialer [ ]  
Owned [ ] Leased [ ] Rental [ ]

All persons with alarm systems in their building must abide with the Alarm Ordinance, Chapter 715 of the Whitehall City Code, in the installation, maintenance and operation of said alarm system. A copy of said Alarm Ordinance is available from the Clerk of Council at 360 S. Yearling Rd. Whitehall, Ohio.

Resident/Owner / Manager Signature \_\_\_\_\_

Alarm Reset Location: (where you turn alarm off & on) \_\_\_\_\_

\_\_\_\_\_

Return application to: Whitehall Division of Police  
Attn: Records / Alarms  
365 S. Yearling Road  
Whitehall, Ohio 43213

Comments: \_\_\_\_\_

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If denied state reason: \_\_\_\_\_

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