

# CITY OF ASHLAND

## Application for Alarm Permit

NEW \_\_\_\_\_  
RENEWAL \_\_\_\_\_  
AMENDED \_\_\_\_\_  
REINSTATED \_\_\_\_\_

### INFORMATION ON PRINCIPAL (PERMIT HOLDER) REQUIRED:

(Please Print or Type)

Date Alarm Installed \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_  
Street Address of Protected Premises City State Zip Code

Name of Residential, Commercial or Industrial Complex (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City State Zip Code

Type of Premises: Home \_\_\_\_\_ Office \_\_\_\_\_ Restaurant \_\_\_\_\_ Store \_\_\_\_\_ Warehouse \_\_\_\_\_ Other \_\_\_\_\_

Agents to call when above number will not answer:

Name

Address

Phone Number

1) \_\_\_\_\_

2) \_\_\_\_\_

Number of Annunciators \_\_\_\_\_ Type of Annunciator \_\_\_\_\_

Number and Type of Automatic Dialers \_\_\_\_\_

Location of Remote Annunciators \_\_\_\_\_

Automatic Dialer Contact \_\_\_\_\_  
Business Phone

Alarm System Class: Class III \$25.00 \_\_\_\_\_ Class IV \$25.00 \_\_\_\_\_ Class V \$10.00 \_\_\_\_\_

I HAVE RECEIVED A COPY OF THE ALARM ORDINANCE FOR THE CITY OF ASHLAND. I AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE ORDINANCE.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**WHEN VALIDATED THIS IS YOUR PERMIT**  
(PERMIT WILL NOT BE VALIDATED UNLESS APPLICATION IS FILLED OUT COMPLETELY)

(FOR OFFICE USE ONLY)

Permit No. \_\_\_\_\_ Permit Term (From) \_\_\_\_\_ (To) \_\_\_\_\_ Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Receipt Date \_\_\_\_\_ Recorded By \_\_\_\_\_