

Franklin Township Business Alarm Application Permit

Yearly alarm permit fee is \$35.00. License is valid for 1 year January thru January. Please make check or money order payable to Franklin Township Police Department, return check fee is \$35.00.

Social Security Number / Federal ID Number: _____ Date: _____

Business Name: _____ Business Phone Number: _____

Business Address: _____
Where Alarm System is Located *Include apartment number, room number, or suite number.*

City, State and Zip Code: _____

Responsible Party*: _____ Signature: _____

***Must notify Franklin Township alarm department in writing at below listed address of any changes in responsible party.**

ALL ALARM USERS COMPLETE: Please type or print mailing address if different from above address.

Name First Middle Last Area Code/Phone Number

Address Street Apt # City, State, Zip

ALL ALARM USERS COMPLETE: Type of alarm: Check all that apply

Business _____ Monitored _____ Audible _____ Direct Dialer* _____

System INSTALLED by: _____

Name Address

System MONITORED by: _____

Name Address

ALL ALARM USERS COMPLETE: If your system is NOT monitored, you MUST complete this section.
List person with key to above property to be contacted when an emergency occurs and the "user" is not available.

Name First Middle Last Area Code/Phone Number

Address Street Apt # City, State, Zip

**Mail to: Franklin Township Alarm Department
2193 Frank Rd
Columbus, Ohio 43223
614-279-9411**

Office Use ONLY
Permit No _____
Date Issued: _____
Expiration Date: January 1, 20____