



CITY OF FOSTORIA

Police Division | Chief Keith Loreno

213 S Main Street | Fostoria, Ohio 44830

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Fax (419) 435-9754

Aweinandy@fostoriaohio.gov

2017 ALARM PERMIT APPLICATION

Complete the portion of the application that applies to your requested permit, RESIDENTIAL/BUSINESS. **Print all information clearly and completely.** The permit is renewed yearly beginning January 1st ending December 31st. If you have any questions, please call the Records Department at: 419-435-8573. Please note: **NO FEE is due for renewals/changes to information.**

RESIDENTIAL APPLICATION: (New Alarm Fee \$10)

Permit Holder Name: _____ Last 4 SSN #: _____ DOB: ___/___/___

Phone #'s: Home: _____ Work : _____ Cell: _____

Permit Holder Name: _____ Last 4 SSN #: _____ DOB: ___/___/___

Phone #'s: Home: _____ Work : _____ Cell: _____

Alarm Location Address: _____ Fostoria OH 44830

Street Address

Apt/Condo/Suite #

Mailing/Billing Address (if different): _____

Email Address: _____

BUSINESS APPLICATION: (New Alarm Fee \$25) (Governmental Agencies/Schools are exempt from Permit fees)

Business Name: _____

Alarm Location Address: _____ Fostoria OH 44830

Street Address

Suite / Apt #

Mailing/Billing Address (if different): _____

Business Phone #: _____ Email Address: _____

FOR BUSINESS AND RESIDENTIAL APPLICANTS

ALARM COMPANY _____ Business/24 Hour Phone # _____

TYPE OF ALARM: AUDIBLE ONLY BOTH AUDIBLE/MONITORED SILENT PANIC ROBBERY/HOLD-UP

CONTACTS: Please list up to three (3) people that have permission to grant access or secure the alarm property in the event the owner/occupant cannot be reached. **(DOB must be listed for application to be filed.)**

NAME	DOB	HOME #	WORK #	CELL#

Instructions to assist officers respond/search of your premises:

The applicant acknowledges that he/she has read & understands the attached terms & responsibilities of the permit issued and will comply with all of the provisions of Fostoria City Ordinance Number 705 and applicable State Laws. Failure to renew your permit or pay for false alarm fees may result in applicable fines and possible suspension of law enforcement response to alarm calls. The permit holder is responsible for amending any information contained on the application.

APPLICANT SIGNATURE

DATE

MAIL TO: FOSTORIA POLICE DIVISION 213 S MAIN ST FOSTORIA OH 44830 DELIVER IN PERSON: ANY DAY/TIME MAKE CHECK/MONEY ORDER PAYABLE TO: CITY OF FOSTORIA

DEPARTMENT USE ONLY	
Date Received:	
Amount Received:	
Permit Number Assigned:	