

PERMIT FEE \$25.00	CITY OF WYOMING WYOMING POLICE DEPARTMENT 800 OAK AVENUE WYOMING, OH 45215	ALARM #
		RECEIPT #

---

**ALARM PERMIT APPLICATION**

---



---

NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

---

ALARM COMPANY	ADDRESS	TELEPHONE NUMBER
---------------	---------	------------------

EQUIPMENT INFORMATION

MAKE/MODEL OF SYSTEM: \_\_\_\_\_

CONTROL PANEL LOCATION: \_\_\_\_\_

TOUCH PAD LOCATIONS: \_\_\_\_\_

OTHER DEVICES & LOCATIONS: \_\_\_\_\_

ALARM RESET PROCEDURE/CODE: \_\_\_\_\_

Check boxes to indicate system capabilities:

<input type="checkbox"/>	INTRUSION	<input type="checkbox"/>	PANIC	<input type="checkbox"/>	FIRE	<input type="checkbox"/>	MEDICAL
--------------------------	-----------	--------------------------	-------	--------------------------	------	--------------------------	---------

OTHER: List secondary residence telephone number if available/also other telephone numbers such as work, office, etc. where family members can be located in an emergency:

---

I, the undersigned property owner (alarm), agree to deposit a house key and any necessary alarm keys with the Wyoming Police Department.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_