

Permit No. _____ Annual Fee Paid _____ Occupancy No. _____ Dispatch Alarm No. _____

City of Tiffin Application for Alarm Permit Renewal

What kind of alarm will you have? **FIRE** _____ **BURGLARY** _____ **HOLD-UP** _____ **OTHER** _____
(check all that apply)

Name of business or homeowner: _____

Address of alarmed location: _____

Phone No. for Alarmed location: Daytime _____ Evening _____

Mailing Address (if different from alarmed location): _____

How will your alarm notify the City's dispatch center?

___ On-premises audible alarm only- Bell, siren, whistle, etc. (will not call City's dispatch)

___ My alarm transmits a silent signal directly to the City's dispatch center by connection to the City's alarm panel digitizer alarm system.

___ My alarm notifies a third person or private security company who will call the City's dispatch by telephone. Name of person or security company and phone # _____.

___ My alarm will telephone the City's dispatch center directly and play a recorded message.

ALARMS THAT DIRECTLY TELEPHONE THE CITY'S DISPATCH SHOULD DIAL 911.

Please list the names of persons to be contacted in order of importance if your alarm is activated:

1st Contact: Name _____ **Phone#** _____

Address: _____

2nd Contact: Name _____ **Phone #** _____

Address: _____

3rd Contact: Name _____ **Phone#** _____

Address: _____

Please use the rear of this form or attach a separate sheet to describe any special information that police or fire personnel should know about your alarmed location and if this is a combined burglar/hold-up alarm, list the hours during which the alarm is in each mode.

By my signature below, I agree to abide by all provisions of Chapter 142 of the Tiffin City Ordinance and affirm that I have the authority to apply for this permit.

Signature of homeowner or the Agent for the Business

Title

Date

Phone or contact number

RETURN APPLICATION TO:

**Tiffin Fire/Rescue Division
53 S. Monroe St.
Tiffin, OH 44883
Fax 419.448.5421**



Effective April 1, 2010, the City of Tiffin is charging an annual fee of **\$25.00** for alarm permits. City Ordinance 142.02 requires anyone who has an alarm system within the city limits to secure a permit for said alarm. Whoever violates any provision of this ordinance may be charged with a minor misdemeanor.

Please pay within 20 days of receipt of alarm application and include the form provided at the bottom of the page along with your payment of **\$25.00 and application** made payable to:

**Tiffin Fire/Rescue Division
53 S. Monroe St.
Tiffin, OH 44883**

Alarm permit will **not** be issued without payment.

Cut along dotted line

Name _____
Address _____
Date _____
Permit # _____ Found on top left of application

For office use only:

Fee Paid _____ Check# _____ MO# _____ Cash _____ Date Received _____

First Notice _____ Second Notice _____ Alarm permit to applicant _____