

**SOLON POLICE DEPARTMENT
ALARM PERMIT APPLICATION FORM**

Date: _____
Resident/Tenant/Business Name: _____
Address: _____
Primary Telephone Number: _____
Secondary Telephone Number: _____

Property Owner (if different from above)

Address: _____
Primary Telephone Number: _____
Secondary Telephone Number: _____
Alarm Service Provider Name: _____
Address: _____
Telephone Number: _____
Type of Alarm Services: ___ Fire ___ Burglar ___ Hold-Up ___ Panic

NOTE: Audible alarms must not exceed 65 decibel level *and* must reset within 15 min.
Tape dial / Computer generated alarm messages to the Police Department will not be approved.

FOLLOW UP CONTACTS: (Five different responders required)

- 1.) Name: _____ Position /Relationship _____
Phone _____ Cell phone _____ Alt _____
- 2.) Name: _____ Position/Relationship _____
Phone _____ Cell phone _____ Alt _____
- 3.) Name: _____ Position /Relationship _____
Phone _____ Cell phone _____ Alt _____
- 4.) Name: _____ Position/Relationship _____
Phone _____ Cell phone _____ Alt _____
- 5.) Name: _____ Position /Relationship _____
Phone _____ Cell phone _____ Alt _____

NOTE: This list of contacts must be updated on a yearly basis.

Applicant Name

Applicant signature

For Internal Use Only:

Approval by Chief of Police _____ Date _____

Finance Dept. _____ Receipt No. _____

Permit Number _____

\$50.00 fee for businesses and \$25.00 for residents after 3rd false alarm occurrence.

Residential and commercial alarm holders are required to complete the application for an Alarm Permit along with a one time \$10.00 fee and return it to the Solon Police Department.

Each business owner in Solon is required to complete the Business Security Contact Form, regardless if they are a permit holder. Information obtained is essential for our Dispatch Emergency System.

Please complete this form and return to:

**Solon Police Department
33000 Solon Road
Solon, Ohio 44139
Attention: Laura Watterson**