# CITY OF HEATH
# EMERGENCY ALARM PERMIT

PERMIT HOLDER _____ PHONE NUMBER _____

MAILING ADDRESS _____

ALARM LOCATION ADDRESS _____

ALARM CLASS: ( ) RESIDENTIAL ( ) COMMERCIAL
( ) SINGLE APARTMENT ( ) MULTI APARTMENT

ALARM TYPE: ( ) BURGLARY ( ) ROBBERY ( ) PANIC
( ) FIRE ( ) SQUAD ( ) OTHER

INSTALLATION DATE _____

ALARM COMPANY _____ PHONE NUMBER _____

ALARM COMPANY ADDRESS _____

KEY HOLDERS (Persons to contact in Case of Emergency, in sequence of notification)

1) Name _____ Phone _____

2) Name _____ Phone _____

3) Name _____ Phone _____

This permit is non-transferable. Heath Police Department must be notified immediately of any changes to this permit including but not limited to key holder information, changes in alarm company or billing address. This application will be valid for a period of twelve months, beginning on the issuance date. An updated application must be submitted for renewal prior to expiration date.
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**This Permit Expires** _____

Authorized by _____ Date _____
Alarm Administer, City of Heath

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