



CITY OF AKRON
APPLICATION FOR ALARM USER LICENSE
(PLEASE PRINT)

FOR OFFICE USE ONLY

License # _____

Applicant's Name _____ Phone # _____

If Business, Name of Business _____ Phone # _____

If Business, Name of Owner, Person or Employee Responsible for System _____

Address of protected premises _____ Zip Code _____

Classification of Alarm Site Residential/Owner Occupant Commercial/Retail Non-Profit Education

1 Family Residential/Tenant Financial Industrial Other (Explain) _____

Apartment Government

Purpose of Alarm System Burglary Robbery Panic Heat/Smoke, etc. Other, Please explain _____

Date of Installation _____ Installing Company A.C.E. Security Systems

Address 3643 Copley Road Akron Ohio 44321 Phone # 330-666-6007

Last Date of Maintenance _____ Company Responsible for Maintenance _____

Address _____ Phone # _____

Type of Alarm System Local (Outside Bell/Siren) Heat/Smoke, etc. Direct Wire to APD/AFD

Automatic Phone Dialer/Central Station Fire (Pull-Down Box) Other(explain) _____

Monitoring Company Security Central Phone # 1-800-438-4171

If premises is a business, list name, address, phone number of owner:

AFTER HOURS EMERGENCY CONTACT INFORMATION:

If Residential, list a minimum of ONE

All others, list THREE

NAME

PHONE #

1. _____

2. _____

3. _____

SIGNATURE _____

DATE _____

License Fee: \$25.00

MAKE CHECK PAYABLE TO:

CITY OF AKRON
TREASURY DIVISION/LICENSES
161 South High Street, Suite 200
Akron, OH 44308

PHONE: (330) 375-2484 FAX: (330) 375-2221