

OFFICE USE ONLY

**DIVISION OF SUPPORT SERVICES  
ALARM USER REGISTRATION**

THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR

Account # \_\_\_\_\_

Chapter 597, Columbus City Codes

Exp. Date \_\_\_\_\_

Apply on-line <https://product.cityalarmpermit.com/FAMSCITIZEN/columbus/>  
OR use this application to apply through the mail or in person.

DEPARTMENT OF  
PUBLIC SAFETY

**1 Permit Information** *Any information changes must be submitted to our office within ten (10) business days.*

Occupant Name or Business Name \_\_\_\_\_

Address \_\_\_\_\_

Suite/Apt# \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**2 Billing Information** Same as Permit Information above

Name--If the same information, simply check the box above.

Address \_\_\_\_\_

Suite/Apt# \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZipCode \_\_\_\_\_

If Permit Holder is *different* than the Permit Information, Check Box.

Installed by (if known) \_\_\_\_\_

Monitored by \_\_\_\_\_

Alarm System Type (Select All that Apply):

Audible

Silent

Video

**4 Contact Information** (Alternate Keyholder in case of an Emergency)

Name \_\_\_\_\_

Phone \_\_\_\_\_

**5 Signature**

I understand that, in accordance with City Code, Chapter 597, I am financially responsible for all charges and penalties specific in this section.  
I further accept my obligation to properly and responsibly use the alarm system at the above referenced address.

Signature \_\_\_\_\_

Printed Name / Title, if applicable \_\_\_\_\_

Date \_\_\_\_\_

| Check your Alarm Type | Alarm Type  | Cost   |
|-----------------------|-------------|--------|
|                       | Residential | \$0.00 |
|                       | Bank        | \$0.00 |
|                       | Commercial  | \$0.00 |
|                       | School      | \$0.00 |

YOU CAN E-MAIL THE COMPLETED REGISTRATION TO:  
[alarms@columbus.gov](mailto:alarms@columbus.gov)

YOU CAN ALSO MAIL THE COMPLETED REGISTRATION TO :  
Department of Public Safety Division of Support Services 4252 Groves Rd  
Columbus, OH 43232

Office Hours: M-F 8:00 a.m. to 3:30 p.m.