

LICENSE SECTION
ALARM USER APPLICATION

Chapter 597, Columbus City Codes

Account # _____

INSTRUCTIONS: Print legibly or type. ALL ITEMS BELOW ARE REQUIRED, unless noted otherwise.

1 Alarmed Location			
Occupant Name or Business Name _____		Phone _____	
Address _____		Suite/Apt# _____	
City _____		State _____	
Zip _____		Email _____	

2 Mailing Address <input type="checkbox"/> Same as above
Occupant Name or Business Name _____
Address _____
City _____
State _____
Zip _____
Suite/Apt# _____

3 Required Information
Driver's License / State ID Number* _____ State _____
* If none - use Social Security Number
* Business use Federal ID Number (FIN)
Property Type: Residential, Commercial, School, Bank, or Church

4 Keyholder Information (someone who can respond to alarm if needed)
Name _____ Phone _____
Name _____ Phone _____

5 Alarm Company Information
Alarm Installation Company (if known) _____
Alarm Monitoring Company _____

6 Signature I understand that, in accordance with City Code Chapter 597, I am financially responsible for all charges and penalties specific in this section.
Printed Name _____ Signature _____ Date _____

NOTE: If information provided in application changes, you must notify the License Section within ten (10) working days. Attach your check, made payable to the City of Columbus Treasurer/License Section, for \$35.00 non-refundable fee and mail or deliver to: Department of Public Safety - License Section
750 Piedmont Rd - South Entrance
Columbus, OH 43224