

OFFICE USE ONLY

# DIVISION OF SUPPORT SERVICES ALARM USER REGISTRATION



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 BUILDING  
AND ZONING SERVICES

## 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 Building and Zoning Services, Licensing Section  
4252 Groves Rd Columbus, OH 43232

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