

VILLAGE OF CLEVES POLICE DEPARTMENT

Alarm Registration

1. **Applicant Information:** **Phone:** _____

Full Name of Business/Occupant/Resident

Alarm Site Address

Mailing Address (if different from Site Address)

City, State Zip

2. **Alarm Site:** Residential
 Commercial
 Other

 Own Rent/Lease

3. **Business Hours:** _____ AM/PM to _____ AM/PM

4. **Alarm Type:** Burglary
 Robbery
 Monitored
 Audible Only

5. **Alarm Monitoring Company:**

Name _____

Address _____

Phone _____

6. **Building Owner:** If different from Resident/Occupant/Tenant please list name, mailing address and phone number of owner.

7. **Hazards:** Please list any special conditions or hazards at the Alarm Site (Dog, Electric Fence, etc)

(Please initial agreement with the following provisions. Failing to do so will result in a delay in the process.)

- I have read the completed application and represent the same to be true and correct.
- I have received a notice of the Village of Cleves Ordinance 12, 2013.
- I acknowledge the \$10.00 Alarm Permit fee is *non-refundable*.

I accept responsibility for payment of all fees or fines that may result from the operation on the alarm system serving the above alarm site. I will surrender this permit if I transfer ownership of the alarm site property.

Permit Applicant Signature (*Required*)

Date