



# CITY OF GAHANNA

**DIVISION OF POLICE**  
460 Rocky Fork Boulevard  
Gahanna, Ohio 43230  
(614) 342-4240

## **ALARM REGISTRATION – BUSINESS**

OFFICE USE ONLY  
PERMIT NUMBER

ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS PHONE NO. \_\_\_\_\_ BUSINESS HOURS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

OFFICER HAZARDS (*i.e. guard dogs, chemicals, etc.*) \_\_\_\_\_

### EMERGENCY CONTACT PERSONS

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ALARM CO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_

I agree to abide by the Alarm Ordinance, Rules and Regulations of the Division of Police, pertaining to alarm systems which regulate the installation, maintenance and operation of the alarm.

Copies of the Alarm Ordinance are available at the Gahanna Police Department, 460 Rocky Fork Boulevard, Gahanna, Ohio 43230.

I understand that the City of Gahanna shall not assume any liability whatsoever because of approval of this registration for my residence. I agree that the City of Gahanna is not liable if an alarm registration is cancelled per the Alarm Ordinance.

I agree to pay all alarm fines as they are assessed, within thirty (30) days of the receipt of notice, sent by the City of Gahanna. Failure to pay assessed fines may cause immediate cancellation of the alarm registration.

**NOTE: THERE IS A ONE-TIME ALARM REGISTRATION FEE OF \$35.00**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# CITY OF GAHANNA

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## **ALARM REGISTRATION – RESIDENTIAL**

**OFFICE USE ONLY  
PERMIT NUMBER**

ADDRESS \_\_\_\_\_

RESIDENT NAME \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ WORK/CELL PHONE NO. \_\_\_\_\_

RESIDENCE DESCRIPTION \_\_\_\_\_ COLOR: \_\_\_\_\_  
*(i.e. ranch, condo, apartment, 2-story, brick, etc.)*

PET INFORMATION \_\_\_\_\_ OFFICER HAZARDS *(i.e. dogs)* \_\_\_\_\_

### **EMERGENCY CONTACT PERSONS**

*DO NOT LIST YOURSELF*

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ALARM CO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_

I agree to abide by the Alarm Ordinance, Rules and Regulations of the Division of Police, pertaining to alarm systems which regulate the installation, maintenance and operation of the alarm.

Copies of the Alarm Ordinance are available at the Gahanna Police Department, 460 Rocky Fork Boulevard, Gahanna, Ohio 43230.

I understand that the City of Gahanna shall not assume any liability whatsoever because of approval of this registration for my residence. I agree that the City of Gahanna is not liable if an alarm registration is cancelled per the Alarm Ordinance.

This alarm registration is not transferrable.

I agree to pay all alarm fines as they are assessed, within thirty (30) days of the receipt of notice, sent by the City of Gahanna. Failure to pay assessed fines may cause immediate cancellation of the alarm registration.

**NOTE: THERE IS A ONE-TIME ALARM REGISTRATION FEE OF \$35.00**

OPTIONAL: *Fee waived if over 60 years of age.* Date of Birth: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_