



CITY OF AVON

36080 Chester Road · Avon, OH 44011 · Phone (440) 937-7800 · Fax (440) 937-7824 · www.cityofavon.com

Application for Residential Emergency Alarm System (Ord. 124-96)

Returned completed form to the
City of Avon c/o Safety Director, 36080 Chester Road, Avon Ohio 44011

Update Information on File

New Application

OWNER INFORMATION		ALARM COMPANY INFORMATION	
Name:		Name:	
Address:		Address:	
City, State/ Zip Code:		City, State/ Zip Code:	
Email:		Email:	
Phone:		Phone:	

PERSONS TO CONTACT INCASE OF EMERGENCY	
Contact Name:	
Primary Phone Number:	Alternate Phone Number:
Contact Name:	
Primary Phone Number:	Alternate Phone Number:
Contact Name:	
Primary Phone Number:	Alternate Phone Number:

TYPE OF PREMISES (i.e. 2 story, brick, ranch, wood frame, stucco etc.) to be protected:

TYPE OF SYSTEM:
<input type="checkbox"/> Burglar <input type="checkbox"/> Robbery <input type="checkbox"/> Fire <input type="checkbox"/> Central Monitory <input type="checkbox"/> Emergency Button <input type="checkbox"/> Local
OTHER:

I agree to abide by the provisions of Chapter 1074 of the Avon Codified Ordinances (hereinafter Emergency Alarm Systems) and the rules and regulations of the Director of Public Safety and the Avon Divisions of Building, Police and/or Fire in the installation, maintenance and operation of my alarm system.

I agree and acknowledge that the City of Avon makes no representations, express or implied, that my alarm system is acceptable or fit for any particular purpose and I voluntarily waive and release the City of Avon and its employees, officers and agents from an and all liability with respect to the operation of my alarm system or the approval, denial or revocation of alarm permit.

I fully understand that response to an alarm signal by the City of Avon, Division of Police and/or Fire may require forcible entry into the premises to ascertain the security of persons and/or property. I authorize such action and agree to save and hold harmless the City of Avon and its employees, officers and agents from any damage resulting therefrom.

I agree to pay all charges pursuant to the alarm ordinance within thirty (30) days when they become due. I agree to provide written notification to the Avon Division of Police and/or Fire within ten (10) days of change in the information of this applications. I understand that my permit may be subject to termination for failing to do either of the above.

I understand that my permit is not transferable and that it will be kept on file with the Avon Police Department. A copy of the alarm ordinance is available for my review at the Avon Police Department.

Signature of Applicant/Agent: _____ Date: _____

For Office Use

Approved

Denied

Reason Denied:

Date _____

Signature of Director of Public Safety