



Village of New Albany
Application for Residential Alarm Permit

Date: _____

Resident's Name: _____

Address: _____

Phone: _____ **E-mail:** _____

Person to contact in case of an emergency:

1). Name: _____

Phone: (H) _____ (W) _____

Cell: _____

2). Name: _____

Phone: (H) _____ (W) _____

Cell: _____

3.) Name: _____

Phone: (H) _____ (W) _____

Cell: _____

Description of Residence (i.e. ranch, two story, brick, wood):

Alarm Company: _____

Address: _____

Phone: _____ **Control Center:** _____

I agree to abide by the Alarm Ordinance and Rules and Regulations of the Police Department for the Village of New Albany in the installation, maintenance and operation of said alarm system. A copy of the Village Alarm Ordinance (§705) is available on line at www.villageofnewalbany.org.

Your permit will be kept on file with the New Albany Police Department. The permit is non-transferable.

I understand I am allowed no more than three (3) false alarms in one (1) calendar year and that if I have more than three, I will be fined by the Village of New Albany Police Department. I agree to pay all future charges within thirty (30) days of the mailing of a notice to me by the Village of New Albany. If I fail to pay, the Police Department may no longer respond to alarm calls at my residence and/or may file criminal charges against me.

Signature: _____

Alarm reset location (in your home): _____

Please return the completed application to:

**New Albany Police Department
Attn: Alarm Permit
50 Village Hall Road
PO Box 271
New Albany, Ohio 43054-0271**

=====
PLEASE DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY
=====

Application approved by: _____ **Date** _____

If denied, reason: _____

Security problems: _____

Remarks: _____

