



## ***Application for Alarm User License***

***Please complete this application and enclose a check for \$25 payable to the City of Powell.***

Applicant Name	Cell Phone
Address	Home Phone
City, State, Zip	Work Phone
Property Address if Different from Applicant	Phone
Land Owner if Different from Applicant	Phone
Emergency Contact Person (1)	Phone
Emergency Contact Person (2)	Phone
Alarm Company	Phone
Address of Alarm Company	Account Number
City, State, Zip	Type of Alarm

***The undersigned acknowledges receipt of Chapter 711 of the Codified Ordinances of the City of Powell and understands said ordinance.***

Applicant's Signature	Date
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**Powell Police Department**  
47 Hall Street | Powell OH 43065-8357 | [www.cityofpowell.us](http://www.cityofpowell.us)  
Administration 614-885-5005 | Non-Emergency 614-885-3374

