



## **Alarm Permit Application**

*Re: City of Oil City Ordinance No. 2489*

Direct questions to the **Oil City Police Department (OCPD)** at 814-678-3080.

### **Terms and Conditions**

1. Home owners must apply for and obtain an alarm permit prior to the installation of any type of alarm system on their home (e.g., burglary, fire, medical services).
2. Applications shall be denied if alarm systems do not comply with stipulations set forth in City Ordinance Number 2489 or if the applicant has knowingly made false, misleading, or fraudulent statements in the application for permit.
3. Alarm permits are non-transferable and will remain valid for one (1) year from the date of issue or until March 1<sup>st</sup> of the succeeding year, whichever comes first. Permit holders must apply for a new alarm permit annually.
4. Any changes to the information provided on the alarm permit application must be supplied to the OCPD in writing within seven (7) days.
5. Upon notification from the OCPD that an audible alarm is activated, the permit holder or their representative(s) shall immediately proceed to silence the alarm, taking no longer than thirty minutes.
6. Any alarms that are responded to by the OCPD or Oil City Fire Department and are found to be false may cause the permit holder to be charged per the fee scheduled outlined in City Ordinance No. 2489.

**Alarm Permit Application Fee: \$30.00 (*nonrefundable*)**

Return completed applications in-person:

Oil City Police Department  
1<sup>st</sup> Floor, City Hall  
21 Seneca Street  
Oil City, PA 16301

**OR**

Mail completed applications to:

Oil City Police Department  
c/o Vivian Davis  
21 Seneca Street  
Oil City, PA 16301



**For Official Use Only**

Approved       Denied

\_\_\_\_\_  
*Chief of Police Signature*

Date: \_\_\_\_\_

## Alarm Permit Application

*Re: City of Oil City Ordinance No. 2511*

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### ALARM SYSTEM INFORMATION

Alarm System Address: \_\_\_\_\_

Alarm Type (*check all that apply*):  Burglary     Fire     Medical Services     Other: \_\_\_\_\_

Audible    **OR**     Silent

Alarm Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### PERSONS TO BE NOTIFIED OF ALARM

*(Two persons mandatory. If desired, additional persons may be listed on another sheet)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby acknowledge that I have made myself aware of all provisions and requirements set forth in City Ordinance No. 2489 relating to the operation, maintenance, and permitting of my alarm system and do hereby agree to abide by the conditions thereof.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*