OZAUKEE COUNTY SHERIFF'S OFFICE PRIVATE ALARM SYSTEM APPLICATION & PERMIT

INSTRUCTIONS: Applicant print or type answers, except signature. File with the Sheriff of Ozaukee County, 1201 South Spring Street, P.O. Box 245, Port Washington, WI 53074. The permit fee is $25.00. Checks or money orders should be made payable to "OZAUKEE COUNTY SHERIFF's OFFICE."

----------ALARM PREMISE INFORMATION:----------

STREET NUMBER: _____ STREET NAME: _____

CITY/VILLAGE/TOWN OF: _____ POST OFFICE: _____ ZIP CODE: _____
(circle one)

BUSINESS NAME (IF APPLICABLE): _____

TYPE OF ALARM: ☐ BURGLAR ☐ FIRE ☐ MEDICAL ☐ SILENT ☐ AUDIBLE ☐ VISUAL

----------PERMIT HOLDER: (DO NOT USE BUSINESS NAME, PERSONAL INFORMATION ONLY)---------

LAST	FIRST	MI	DATE OF BIRTH
			( )
ADDRESS	CITY (POST OFFICE)	ZIP CODE	PHONE NUMBER

----------ALARM COMPANY INFORMATION:----------

NAME			
			( )
ADDRESS	CITY (POST OFFICE)	ZIP CODE	PHONE NUMBER

In the event this application is approved and in consideration of being thereafter granted, a private alarm system permit applicant agrees to indemnify and hold harmless Ozaukee County from any and all claims, suits, actions, damages and expenses, including attorney fees, arising either in law or in equity out of or by virtue of the enactment of said County Ordinance 8.16 and to release Ozaukee County for any loss of any nature whatsoever sustained by Applicant by virtue of the County supplying the facilities for the reception of said alarm signal. Applicant further agrees to abide by all terms and conditions set forth in Ordinance 8.16.

PLEASE SUBMIT APPLICATION WITH PAYMENT of **$25.00** WITH TEN (10) DAYS FROM RECEIPT OF THIS NOTICE. FAILURE TO COMPLY WITH THIS REQUEST MAY RESULT WITH ISSUANCE OF A CITATION. I hereby tender the twenty-five dollar ($25.00) permit fee.

DATE: _____ SIGNATURE: _____

OZAUKEE COUNTY SHERIFF'S DEPARTMENT USE ONLY

PERMIT NUMBER:_____

Permission for _____ to install and operate the above described alarm system at the address given, subject to the ordinances of Ozaukee County is:

GRANTED: ☐ DATE: _____

REFUSED: ☐ DATE: _____ (FOR REASONS SET FORTH ON REVERSE SIDE)

SHERIFF Representative: _____

THIS PERMIT IS NOT TRANSFERABLE