



CITY OF ELYRIA

AMENDMENT TO PERMIT APPLICATION

Date: _____

Permit Number: _____

Name of Business/Residence: _____

Address: _____ Phone: _____

Name of Permit Holder: _____

Alarm System Business Name: _____

Address: _____ **Phone:** _____

Due to the fact that the person/company listed on the application for alarm system permit is unable to perform the duties as listed on the application, and, in order to comply with Elyria City Ordinance No. 92-159, passed on June 1, 1987, Section 703.3 (f) (1), (2), and (3), I hereby submit this amendment listing two names other than myself (relative, neighbor, friend, co-worker) that will be able to:

- (1) **Receive notification at any time**
- (2) **Come to the alarm site within one and one-half hours after receiving a request from a member of the Police Division or the Fire Division to do so; and**
- (3) **Grant access to the alarm site and deactivate the alarm system if such becomes necessary**

Contact #1 Name: _____

Address: _____

Phone: _____

Contact #2 Name: _____

Address: _____

Phone: _____

Signature of Permit Holder: _____

Office Use Only:

Forwarded To: ___EPD ___EFD By: _____ Date: _____

**Return this form to: Safety Service Director's Office, 131 Court Street, Elyria, Ohio 44035
Fax: 440-326-1426 / Phone: 440-326-1404**