

# Syracuse Police Department OLEIS Identifier System

OLEIS# \_\_\_\_\_ (Leave blank if unknown)

New Application     Update Only

**Important:** Any change on the information submitted in this application must be reported to the Syracuse Police Department in writing within 24 hours from the time such change was instituted. (Per City Elect. Code: Chapter 15, Sec. 15.9 F-3)

**Instructions:** Print or type all information in black ink only. Check the card to be certain that all information is complete. All cards **MUST** be dated and signed to be valid. Cards without a signature **WILL NOT BE PROCESSED**.

Persons to be notified **MUST BE ABLE TO RESPOND** to the scene and take responsibility for the premise. Please advise them that they are listed with this department for further notification.

Miscellaneous information should include anything regarding your premise that will benefit the officers responding, such as animals (guard dogs), weapons, exits, etc. Please be as specific as possible with this information.

## This form contains information regarding the following:

Business/Residence name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Hours: \_\_\_\_\_

### Alarm: (Check Appropriate)

Audible    Silent    Burglary    Robbery    Duress    Medical    Fire    Tape Dialer    Audio Capability    Panic Button

Alarm Installed by: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Alarm Monitored by: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### Persons to be notified: (Please try to list someone with a key who can check the premises and reset your alarm)

| Name  | Address | Phone Number  |
|-------|---------|---------------|
| _____ | _____   | (_____) _____ |
| _____ | _____   | (_____) _____ |
| _____ | _____   | (_____) _____ |

### Hazardous Material Information:

1. Are hazardous materials stored or maintained at this location?    Yes    No
2. Are material safety data sheets (MSDS) on file?    Yes    No   If yes, where? \_\_\_\_\_

### Miscellaneous Information: \_\_\_\_\_

Indicate Annual Fee exemption if applicable    Age    Disability    Fire    Medic Alert    Muni-Bldg

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Date of Signature)

## Things to know about OLEIS

- Please note that no permits will be processed until payment is received.
- Payments can be made by Check or Money Order made payable to the Commissioner of Finance and are \$30.00 unless otherwise exempt from City Ordinance, and with proper documentation.
- OLEIS applications must be filled out, signed, and completed by the Alarm Company, not the end user, even if you have purchased a wireless system, and will otherwise be returned to sender and not processed.
- Completed permits along with payment may be sent to the below address:

**Syracuse Police - OLEIS Section**  
**201 E. Washington St. Suite 200**  
**Syracuse NY 13202**

Questions may be sent to the following e-mail address: [OLEIS@syracusepolice.org](mailto:OLEIS@syracusepolice.org) or you may call **(315) 448-8610**.