

VILLAGE OF ROCKVILLE CENTRE

P.O. BOX 950
ROCKVILLE CENTRE, NY 11571-0950



ALARM APPLICATION AND PERMIT

PLEASE COMPLETE ALL APPLICABLE INFORMATION BELOW:

ADDRESS _____ APT # _____

NAME OF OWNER / TENANT _____

BUSINESS NAME (IF APPLICABLE) _____

HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

NAME, ADDRESS AND PHONE NUMBER OF OWNER (IF DIFFERENT THAN ABOVE)

PLEASE PUT AN "X" IN ALL BOXES THAT APPLY TO YOUR ALARM SYSTEM:

- ☐ AUTOMATIC DIALER W/MESSAGE
- ☐ AUDIBLE
- ☐ SILENT
- ☐ BURGLARY

- ☐ FIRE
- ☐ MEDICAL EMERGENCY
- ☐ ROBBERY
- ☐ OTHER

ALARM COMPANY _____

PLEASE LIST PERSONS OUTSIDE YOUR HOUSEHOLD WITH ACCESS TO YOUR ALARM:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

Having paid a fee of \$_____, in accordance with the provisions of Local Law No 9 of 1979, a permit to operate an alarm is granted to the above referenced address.

DATE FILED _____

ISSUED BY: _____

PERMIT # _____

PERMIT EXPIRES _____