

VILLAGE OF TARRYTOWN
ALARMED PREMISE APPLICATION

Two-Year Permit Fees:

\$75.00 – Residential

\$150.00 – Commercial

Renewals (every 2 years) – Due January 1st

\$50.00 Residential - \$100.00 Commercial

Make check payable to the Village of Tarrytown

Permit # _____

Return to: Village Clerk, One Depot Plaza, Tarrytown, NY 10591

*All applicants PLEASE print or type all information and fill out form completely (two-sided).

RESIDENTIAL APPLICANTS

Applicant's Name _____

Address of Protected Premise _____

Telephone Number at Protected Premise _____ Cell Phone _____

Applicant's E-Mail Address _____

COMMERCIAL APPLICANTS

Business name _____

Address of Protected Premise _____

Telephone at Protected Premise _____

Application Submitted by:

Name _____

Title _____

Telephone No. _____ E-mail address _____

*Health-related Alarm Devices: Anyone possessing a health-related alarm device shall be exempt from the permit fees as established by the Village of Tarrytown. Said persons shall be subject to all other provisions of this local law.

ALL APPLICANTS

Please provide name(s), address(es) and telephone number(s) of AT LEAST ONE person who can be contacted to open the protected premise and reset/disconnect the alarm system.

Commercial Applicant: Please provide information for AT LEAST TWO owners/employees that may be contacted. Fill out all information.

Name Address/Town Home Tel. No. Work Tel. No.

Name Address/Town Home Tel. No. Work Tel. No.

Name Address/Town Home Tel. No. Work Tel. No.

(OVER)

ALARM SYSTEM INFORMATION

AUDIBLE DEVICE: Bell _____ Siren _____ Other _____ None _____

Does audible device have an automatic shut-off? _____

If Yes, after how many minutes? _____

MONITORING: Is system a direct dialer/tape station _____

Is system monitored by a central station? _____

If yes, please provide the following information:

Alarm Company _____

Address _____

Telephone Number _____

Does your alarm company dispatch its own personnel to investigate activated alarms? _____

TYPE OF ALARM (please check all that apply)

Burglary _____ Hold-up _____ Fire _____ Panic _____ Medical _____

Other _____

MISCELLANEOUS INFORMATION

Alarm Turn-off Location _____

Special Conditions: Please indicate if any personal precautions should be taken in regards to your premise, i.e. Guard Dogs, Handicapped/Invalids, Hazardous Materials, potential officer safety hazards, etc.:

Signature of Applicant

Date