

**VILLAGE OF TARRYTOWN**  
**ALARMED PREMISE APPLICATION**

**Two-Year Permit Fees:**

\$75.00 – Residential

\$150.00 – Commercial

**Renewals (every 2 years) – Due January 1<sup>st</sup>**

\$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