(Over)

Permit #

VILLAGE OF TARRYTOWN **ALARMED PREMISE APPLICATION**

NEW ALARM Two-Year Permit Fees \$90 Residential \$180 Commercial

RENEWALS Two-Year Permit Fees Due January 1st \$60 Residential \$120 Commercial

Make check payable to the Village of Tarrytown

Return to: Tarrytown Police Department Attn: Records, One Depot Plaza, Tarrytown, NY 10591

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

RESIDENTIAL APPLICANTS

Applicant's Name					
		Cell Phone			
Applicant's E-Mail Address					
COMMERCIAL APPLICANT	<u>8</u>				
Business name					
Telephone at Protected Premise		Cell Phone			
Application Submitted by:	Name				
	Title				

ALL APPLICANTS

Preferred Mailing Address (If different than premise)

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	Title	Address/Town	Best Contact Number:
Name	Title	Address/Town	Best Contact Number:
Name	Title	Address/Town	Best Contact Number:

ALARM SYSTEM INFORMATION

AUDIBLE DEVICE: Bell	Siren	Other	None
Does audible device have an autor If Yes, after how many minutes?	matic shut-off?		
MONITORING: Is system a dire	ect dialer/tape statio	n	
Is system monitored by a central s If yes, please provide the followin	tation? g information:		
Alarm Company			
Address			
Telephone Number			
Does your alarm company dispate			
TYPE OF ALARM (please check	all that apply)		
Burglary Hold-up	Fire	_ Panic	Medical
Other			
MISCELLANEOUS INFORMAT	ION		
Alarm Turn-off Location			
Special Conditions: Please indica premise, i.e. Guard Dogs, Handica hazards, etc.:			
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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.

Signature of Applicant