

TOWN OF ORANGETOWN POLICE DEPARTMENT ALARM USER APPLICATION



APPLICANT

NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

IS ALARM TO BE INSTALLED AT THE ADDRESS ABOVE (YES) (NO)

IF NOT ADDRESS WHERE ALARM WILL BE INSTALLED

NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

IS INSTALATION AT A (BUSINESS) (RESIDENCE)

IF INSTALLED AT A SHOPPING CENTER, NAME OF CENTER \_\_\_\_\_

ALARM TYPE (BURGLARY) (ROBBERY) (FIRE)

SOUND TYPE (SILENT) (AUDIBLE) audible requires automatic reset

CONNECTION (DIALER TO ALARM COMPANY) (DEDICATED LINE TO ALARM CO)

IF OTHER MEANS OF CONNECTION EXPLAIN HERE \_\_\_\_\_

AUTOMATIC RESET (YES) required for audible alarm (NO) #MINUTES FOR RESET \_\_\_\_\_

INSTALLED BY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAINTAINED BY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALARM COMPANY RESPONSE IF ANY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAMES OF AT LEAST TWO PERSONS THAT THAT DO NOT RESIDE AT THE LOCATION THAT CAN BE REACHED AND IF NECCESARY RESPOND TO THE LOCATION TO DISCONNECT AND OR RESET THE ALARM SYSTEM

1. NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

3. NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

4. NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

I understand that as an Alarm User I shall notify the Orangetown Police Department of any changes in the above information. Failure to do so shall provided grounds for revocation or suspension of this permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

PERMIT NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

PO INITIALS / SHIELD \_\_\_\_\_