

VILLAGE OF PERRY
46 NORTH MAIN STREET
PERRY, NY 14530
PHONE: 585-237-2216
FAX: 585-237-5975

PERMIT NO. _____

PLEASE PRINT CLEARLY

ALARM SYSTEM PERMIT APPLICATION

1. NAME OF APPLICANT: _____
ADDRESS: _____
DAYTIME PHONE: _____ NIGHT _____ CELL _____

LOCATION OF ALARM SYSTEM IF NOT INSTALLED AT ABOVE ADDRESS:

NAME OF BUSINESS: _____
ADDRESS: _____
TELEPHONE: _____ NIGHT _____ CELL _____

2. TYPE OF ALARM SYSTEM OR SYSTEMS:

_____ FIRE _____ SECURITY _____ OTHER _____

3. NAME OF ALARM BUSINESS WHO MONITORS, RESPONDS TO, INSPECT OR MAINTAINS YOUR ALARM SYSTEM:

NAME: _____
ADDRESS: _____
DAYTIME PHONE: _____ NIGHT _____ CELL _____

4. PLEASE NAME ONE OR MORE PERSONS WHO CAN BE REACHED AT ANYTIME AND WHO ARE AUTHORIZED BY THE OWNER TO OPEN THE PREMISES WHEN AN ALARM HAS BEEN ACTIVATED:

A. NAME: _____
ADDRESS: _____
DAYTIME PHONE: _____ NIGHT _____ CELL _____

B. NAME: _____
ADDRESS: _____
DAYTIME PHONE: _____ NIGHT _____ CELL _____

5. THE VILLAGE OF PERRY'S LOCAL LAW GOVERNING ALARM SYSTEMS REQUIRES CERTAIN NOTIFICATION TO BE MADE TO THE OWNER OF THE SYSTEM BY MAIL. TO WHOM SHOULD THESE NOTICES BE MAILED?

NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____

DATE

APPLICANT SIGNATURE