

**POLICE DEPARTMENT**  
**TOWN OF GREENBURGH**  
**188 TARRYTOWN ROAD, WHITE PLAINS, NY 10607**  
**TELEPHONE: 914/989-1781**  
**FAX NO.: 914/682-5370**

***ALARM USER PERMIT APPLICATION***

Residential User: \_\_\_\_\_ (\$50.00) Commercial User: \_\_\_\_\_ (\$100.00) Biennially  
(Alarm User Permit Application to be renewed every 24 months)

**APPLICANT'S NAME:** \_\_\_\_\_  
(last) (first) (m.i.)

**NAME OF PROTECTED PREMISE (Commercial):** \_\_\_\_\_

**APPLICANT'S TITLE (Commercial):** \_\_\_\_\_

**PROTECTED PREMISE:** \_\_\_\_\_  
(street) (city) (state) (zip)

**MAILING ADDRESS:** \_\_\_\_\_  
(street) (city) (state) (zip)

**PHONE:** \_\_\_\_\_  
(protected premise)

**PHONE:** \_\_\_\_\_  
(residential work phone)  
(commercial home phone)

**NAME OF PREVIOUS OWNER OF PREMISE:** \_\_\_\_\_

**PREVIOUS ALARM PERMIT NUMBER:** \_\_\_\_\_

**NAME, ADDRESS AND TELEPHONE NUMBER of at least one other person who can be reached to open the protected premise and reset/disconnect the alarm system. Commercial users MUST provide at least two names.**

\_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_  
(name) (address) (phone)

**\*\*\*OVER\*\*\* All applicants must complete the rear of this application**

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**FOR OFFICIAL USE ONLY:**

**DATE APPLICATION RECEIVED:** \_\_\_\_\_

**CASH:** \_\_\_\_\_

**CHECK:** \_\_\_\_\_

## ALARM SYSTEM INFORMATION

**1. SELLING/INSTALLING COMPANY:**

\_\_\_\_\_ (name) \_\_\_\_\_ (address) \_\_\_\_\_ (phone)

**SERVICING COMPANY:**

\_\_\_\_\_ (name) \_\_\_\_\_ (address) \_\_\_\_\_ (phone)

**2. TYPE OF EMERGENCY THIS ALARM SYSTEM IS DESIGNED TO DETECT:**

BURGLARY \_\_\_\_\_ HOLD UP \_\_\_\_\_ FIRE \_\_\_\_\_ PANIC \_\_\_\_\_ MEDICAL EMERGENCY \_\_\_\_\_

OTHER \_\_\_\_\_

TYPE OF MEDICAL EMERGENCY \_\_\_\_\_

**3. TYPE OF PREMISE:** SINGLE FAMILY \_\_\_\_\_ MULTI-FAMILY \_\_\_\_\_ APARTMENTS \_\_\_\_\_  
COMMERCIAL: STORE FRONT \_\_\_\_\_ OFFICE BUILDING \_\_\_\_\_ ROOM # \_\_\_\_\_

**4. TYPE OF ALARM:** DIGITAL DIALER \_\_\_\_\_ LEASED LINE \_\_\_\_\_ CENTRAL STATION \_\_\_\_\_

**CENTRAL STATION:**

\_\_\_\_\_ (name) \_\_\_\_\_ (address) \_\_\_\_\_ (phone)

**AUDIBLE:** BELL \_\_\_\_\_ SIREN \_\_\_\_\_ OTHER \_\_\_\_\_ **NON-AUDIBLE** \_\_\_\_\_

Does audible device have an automatic shut off? \_\_\_\_\_ if so, after how many minutes? \_\_\_\_\_

Does system have **BATTERY BACKUP?** \_\_\_\_\_

**HAZARDOUS RISKS** (i.e., dogs, weapons, chemicals, etc.): \_\_\_\_\_

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*The undersigned agrees to notify the Greenburgh Police Department, in writing, of any changes to the above information at lease ten (10) days prior to the effective date of such change, where practicable, and in any event, no later than fifteen (15) days after the change. Failure to do so shall provide grounds for revocation or suspension of the user permit. I understand that false alarms may result in revocation or suspension of the user permit.*

*I understand that in the event of a panic or medical emergency type alarm, the Police may effectuate entry to the premise in the least intrusive manner practical. I hereby release the Greenburgh Police Department, the Town of Greenburgh, its officers, employees and agents of any and all liability for any damage which may result from such entry.*

\_\_\_\_\_ (Print name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)