

Town of North Castle
Renewal Application To Operate An Alarm System

Date Received _____
Amount Rec'd _____
Receipt No. _____
Subscriber # _____

Renewal Fee: Remit \$25.00 until March 31st.
Late Fee: After March 31st, remit \$50.00 total

It is mandatory that this form be filled in as appropriate and submitted, accompanied by the remittance fee, for your 2012 renewal to be considered complete.

Remit To: Town of North Castle - Alarms
Town of North Castle Police
15 Bedford Road
Armonk, New York 10504

NAME _____ ADDRESS _____

_____ ****No Changes.** My original/renewal application was submitted in 2011 and has current and up-to-date information.
If "No Changes" is checked, print name on line above and signature required below. **

_____ **I Have Changes/Additions/Deletions. Fill in appropriate areas below.**

Home Phone# _____ Fax # _____ Out-of-Town # _____

1. Name & Work# _____ 2. Name & Work# _____

1. Name & Cell# _____ 2. Name & Cell# _____

Email Address: _____ Email Address: _____

EMERGENCY CONTACTS: name Phone# & (H)ome, (C)ell, (W)ork Keyholder

1. _____ () _____

2. _____ () _____

3. _____ () _____

This is an application for _____ burglar _____ fire/CO detector _____ panic alarm system.
This system is connected to a private monitoring facility. _____ This system has an audible bell only. _____
This location is gated. Yes _____ No _____ If Yes, Gate Code _____. If Manual, Instructions to Open _____

Company selling, installing or modifying your alarm device:
NAME _____ ADDRESS _____ TEL. _____

Private Central Alarm Monitoring Station:
NAME _____ ADDRESS _____ TEL. _____

Additional
Comments: _____

****If "No Changes" line was checked off, this form must have your signature below.****

Alarm User Signature