

Town of North Castle  
Application To Operate An Alarm System Annual Fee: \$25.00

Date Received \_\_\_\_\_  
Amount Rec'd \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Subscriber No. \_\_\_\_\_

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

Supply any additional information helpful for full consideration of an alarm permit. Misstatement of fact shall be cause for refusal of permit or for immediate revocation of permit if issued.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

MAILING ADDRESS

Home Phone # \_\_\_\_\_ (If Different) \_\_\_\_\_

1. Name/Work # \_\_\_\_\_ 2. Name/Work# \_\_\_\_\_

1. Name/Cell # \_\_\_\_\_ 2. Name /Cell # \_\_\_\_\_

E-Mail Address - \_\_\_\_\_ E-Mail Address - \_\_\_\_\_

EMERGENCY CONTACTS: Name Telephone 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. \_\_\_\_\_

The Town of North Castle may suspend or revoke the subscriber permit for falsification of information or for non-compliance with the standards and regulations set forth in North Castle Local Law#1 -1982, Local Law#1 -1983, Local Law#4 -1993, Local Law#23-2006.

I certify that the foregoing information is true. In consideration for the issuance of a permit hereunder, applicant hereby agrees to hold the Town of North Castle, its agents, officers, and employees, harmless from any liability arising out of the operation of the alarm system described herein, or the operation of equipment to which said system is connected, whether from acts of commission or omission.

State of New York) \_\_\_\_\_

County of Westchester) \_\_\_\_\_

Subscriber Signature

Sworn To Before Me This \_\_\_\_\_ day of \_\_\_\_\_ 200\_.

\_\_\_\_\_  
Notary Public

FOR ALARM COMPANY - I have received this application and certify that the information given is accurate. The above described alarm system complies in all respects with Town laws, regulations, and standards pertaining thereto.

Alarm Company Name and Address: \_\_\_\_\_

Alarm Company Qualifier - Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ New York Unique ID Number (Required) \_\_\_\_\_