

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
Town of North Castle Police
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 _____
Home Phone # _____ MAILING ADDRESS _____
Fax Phone # _____ Out-of-Town # _____
1. Name&Work# _____ 2. Name&Work# _____
1. Name&Cell# _____ 2. Name&Cell# _____
E-Mail Address - _____ E-Mail Address - _____

EMERGENCY CONTACTS:

<u>name</u>	<u>Telephone# & Type (H)ome, (C)ell, (W)ork</u>	<u>Keyholder</u>
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 the North Castle Alarm Ordinance Local Law#1-1982, Local Law#1-1983 and Local Law#4-1993.

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 _____ 201__.

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) _____