

Town of North Castle - Application to Operate an Alarm

Application Fee: \$25.00

Remit to: **Town of North Castle – Alarms**
 North Castle Police Department
 15 Bedford Road - Armonk, NY 10504

Telephone: **(914) 273-9500**

Date Received _____

Amount Received _____

Receipt Number _____

Subscriber ID _____

Please 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 Telephone _____

Mailing Address if different _____

Fax Number _____

Out of Town Number (if applicable) _____

Permit Holder #1 Name & Work Number

Permit Holder #2 Name & Work Number

Permit Holder #1 Name & Cell Number

Permit Holder #2 Name & Cell Number

Permit Holder #1 Email

Permit Holder #2 Email

EMERGENCY CONTACTS

<u>Name</u>	<u>Telephone# & Type: Home (H) Cell (C) or Work (W)</u>	<u>Keyholder</u>
_____	_____ ()	_____
_____	_____ ()	_____
_____	_____ ()	_____

This is an application for: ___burglar___fire/CO detector___panic alarm system

This alarm is connected to a private monitoring facility ___ **This alarm has an audible bell only** ___

Is this a Gated location? If “yes”, Gate Code is _____

If Manual, instructions to open gate

Company selling, installing or modifying your alarm device:

Name_____Address_____Telephone_____

Private Central Alarm Monitoring Station:

Name_____Address_____Telephone_____

Signature: _____