



Scarsdale Police Department
 50 Tompkins Road ♦ Scarsdale NY 10583
 Tel (914) 722-1200 ♦ Fax (914) 722-1214



APPLICATION FOR PERMIT TO OPERATE AN ALARM SYSTEM

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

This application is by:

(check one)

Home Owner Tenant

Type Of Alarm System

- Fire Alarm Burglar Alarm Burglar / Fire Combination
 Burglar / Panic Combination Burglar / Panic / Fire Combination

Check Here is This Application is to Provide Updated Information Regarding Your Alarm or Contact Information.

Emergency Contacts – Individuals who can be contacted in the event of an emergency.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

This Application Is For:

- A new Installation
 A Modification to an Existing System
 An Existing Alarm System

This System Will:

- Be Connected to a Private Alarm Monitoring Station.
 Not be Connected to Any Alarm Monitoring Station.

Type Of Alarm Device:

- Direct Wire or Digital Dialer System
 Radio Frequency or Internet Based System
 Local Audible Bell or Siren Only

Alarm System Installation Company: Note – Village Law **requires** that your alarm company must have a valid license to operate an alarm business, issued by the State of New York.

Company Name: _____ Telephone: _____

Address: _____

Your Account # _____ Alarm Company
 With Alarm Co. _____ NY State License # _____

Alarm Equipment _____ Equipment
 Manufacturer: _____ Model Number: _____

Additional Information that may assist the Police / Fire Departments in responding to calls at your residence (handicapped information, additional contacts): _____

FOR OFFICE USE ONLY

Application Approved By: _____ **Alarm Permit # Issued:** _____