

**INCORPORATED VILLAGE OF ROCKVILLE CENTRE
APPLICATION FOR ALARM PERMIT**

FOR OFFICE USE ONLY:

Date Filed: _____
Expires: _____
Cash Receipt #: _____
Permit No: _____
Issued By: _____

PLEASE COMPLETE ALL LINES AND PRINT ALL ENTRIES:

1. Address _____ Apt. # _____

2. Name of Owner/Tenant _____

3. Home Phone _____ Business Phone _____

4. Business/Trade Name (if applicable) _____

5. Name, Address and Phone Number of Owner (If different than above)

6. Please put an "x" in all boxes that apply to your alarm system:

<input type="checkbox"/> Automatic Dialer w/Message	<input type="checkbox"/> Fire
<input type="checkbox"/> Audible	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Silent	<input type="checkbox"/> Robbery
<input type="checkbox"/> Burglary	<input type="checkbox"/> Other _____
<input type="checkbox"/> Alarm Company _____	

7. Please list persons outside your household with access to your alarm.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant

Date