

**VILLAGE OF SOUTH NYUACK**  
**ALARM PERMIT APPLICATION**

**OWNER:**

NAME \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL \_\_\_\_\_

ALARM ADDRESS (If different from above) \_\_\_\_\_

SITE OF ALARM CONTROL BOX (room location) \_\_\_\_\_

**INSTALLER/SERVICE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL #: \_\_\_\_\_

DEVICE MANUFACTURER \_\_\_\_\_ MODEL #: \_\_\_\_\_

TYPE \_\_\_\_\_ SERIAL #: \_\_\_\_\_

**EMERGENCY NOTIFICATION:**

NAME \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL #: \_\_\_\_\_

**APPLICATION FEES:**

**ALARM APPLICATION FEE:** - \$50 (Includes 1st annual fee OF \$25.00)

DATE RECD: \_\_\_\_\_

***(Expires one (1) year from date issued. \$100 fine for violation)***