

Town of Bethlehem  
445 Delaware Avenue  
Delmar, New York 12054  
(518) 439-4955 ext. 1183

No. \_\_\_\_\_

Application for Alarm Permit

APPLICANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ H  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ W  
ADDRESS OF ALARMED PREMISES \_\_\_\_\_  
COMMERCIAL  RESIDENTIAL  INDUSTRIAL  INSTITUTIONAL   
NON-RESIDENTIAL NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Pursuant to Local Law #1 of 1987, applicant requests approval for an alarm permit at the above named location and agrees to abide by all local laws and regulations as established by the Town of Bethlehem. Alarm coverage includes:

INTRUSION (Perimeter) <input type="checkbox"/>	INTRUSION (Interior) <input type="checkbox"/>	ROBBERY <input type="checkbox"/>	PANIC <input type="checkbox"/>
MEDICAL <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAULT <input type="checkbox"/>	TROUBLE <input type="checkbox"/>
OTHER (Describe) _____			
ALARMS SELLER _____	NYS# _____		
ADDRESS _____	PHONE _____		
INSTALLER _____	PHONE _____		
SERVICED BY _____	PHONE _____		
MONITORED BY _____	PHONE _____		
OUTSIDE AUDIBLE ONLY <input type="checkbox"/>			

**Emergency Numbers To Call If Alarm Is Activated**

NAME _____	PHONE _____	Home _____
		Work _____
		Cell Phone _____
NAME _____	PHONE _____	Home _____
		Work _____
		Cell Phone _____
NAME _____	PHONE _____	Home _____
		Work _____
		Cell Phone _____

APPLICANT AGREES TO MAINTAIN A CURRENT LIST OF EMERGENCY PHONE NUMBERS ON FILE WITH THE POLICE DEPARTMENT AT ALL TIMES.

A FEE OF \$25 DOLLARS MUST ACCOMPANY THIS APPLICATION TO COVER CLERICAL COSTS, AND INSPECTION IF NECESSARY. CHECKS MAY BE MADE PAYABLE TO THE TOWN OF BETHLEHEM.

Payment Received By: _____
Date: _____
Permit Approved By: _____
Date: _____

\_\_\_\_\_  
APPLICANT SIGNATURE