

TOWN OF BETHLEHEM

445 Delaware Avenue
Delmar, NY 12054
(518) 439-4955 ext 1183

Payment rcvd by: _____
Date: _____

Permit #: _____
Date Issued: _____

APPLICATION FOR ALARM PERMIT – FEE: \$25.00

NAME: _____ PHONE: _____

ADDRESS: _____

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 regulation 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): _____			
ALARM'S 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

Applicant agrees to maintain a current list of emergency phone numbers on file with the police department at all times.

Name: _____ Phone: Home _____
Work _____
Cell _____

Address: _____

Name: _____ Phone: Home _____
Work _____
Cell _____

Address: _____

Name: _____ Phone: Home _____
Work _____
Cell _____

Address: _____

DATED: _____ Applicant Signature: _____

Please submit this Application and Payment to the Town Clerk's Office. Make checks payable to "Town of Bethlehem."