

**TOWN OF NEW HARTFORD
APPLICATION FOR ALARM PERMIT
(LOCAL LAW NO. NINE, 1989)**

Permit/License No. _____
* (for office use only)*
Fee: \$25.00 payable to Town of New Hartford

TO: Michele Moran —Town Clerk
8635 Clinton Street
New Hartford, NY 13413

Date of Application: _____

Check Appropriate Fire Department:

- A. _____ New Hartford Fire Department
- B. _____ Willowvale Fire Department
- C. _____ New York Mills Fire Department

Subscriber's Name _____

Residence/Business Address _____

It is hereby requested that a Permit be issued for the installation of (circle applicable system):

Fire Alarm System

Burglar Alarm System

Hold-up Alarm System, at the following address:

Alarm Termination (check appropriate box):

_____ STANDARD TYPE: To terminate a module on the console
at the above-referenced Fire Department

_____ STANDARD TYPE: To terminate at a central station or
*answering service.

*NOTE: Enter Name of central station or answering service:

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_____ DIALER TYPE: To terminate at a number designated by the above-referenced Fire Department.

_____ AUDIBLE TYPE: "At Scene" alarm—no other termination.

Type of Installation (check appropriate box):

_____ Smoke _____ Heat _____ Water Flow

_____ Taped Windows _____ Bugged Doors _____ Sonic

_____ Other (specify) _____

Equipment Supplier and/or Brand Name of Equipment: _____

Maintained by: _____ Phone: _____

I hereby agree to conform to the rules and regulations set forth in Local Law No. Nine of 1989, and any and all future amendments thereto, if any. I also understand that, as Subscriber, I must furnish the appropriate Fire Department with a list of persons to be contacted during any emergency and that I will be responsible for keeping this list current at all times. Any modification or change in ownership or location require submission of a revised application and \$25.00 fee within seven (7) days of said change or modification.

APPLICANT'S NAME:

Signed By: _____

Title: _____

State of New York)
County of _____) ss.

I, _____, being duly sworn, depose and say that I am the applicant, that I have read the foregoing application and know the contents thereof; that the same is true to the knowledge of the applicant.

(Signature in presence of Notary)

Sworn to before me this
_____ day of _____, 20____.

EMERGENCY CARD FOR PREMISES WHICH HAS ALARM SYSTEM

Alarm Number: _____

Name: _____ Phone: _____

Address: _____

Type of Alarm (Burglar, Fire, Other) _____

Type of Installation (Smoke, Heat, Water Flow,
Taped Windows, Bugged Doors, Sonic, etc.) _____

Alarm Maintenance: _____

Phone: _____

LIST EMERGENCY NUMBERS OF KEYHOLDERS

Name: _____ Phone: _____

Address: _____

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TOWN CLERK: FOR OFFICE USE ONLY

Date Received: _____

Fee: _____

CHECK CHECK No: _____

CASH

Received By: _____
(Signature of Town Clerk or Deputy)

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FIRE DEPARTMENT

Application Approved By:

Fire Chief Signature

Name of Fire Department

Date

POLICE DEPARTMENT

Application Approved By:

Police Chief Signature

New Hartford Police Department
Name of Police Department

Date