

<input type="checkbox"/> SECURITY ALARM
<input type="checkbox"/> FIRE ALARM

TOWN OF FREETOWN

## ALARM PERMIT APPLICATION

### 1. APPLICANT'S INFORMATION:

LOCATION OF ALARM: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
DESCRIPTION OF PREMISES: \_\_\_\_\_  
\_\_\_\_\_

### 2. PERSON(S) TO CONTACT (IN CASE OF ALARM):

No. 1.  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
HOURS AVAILABLE: \_\_\_\_\_  
IN POSSESSION OF: \_\_\_\_\_ KEY TO ALARM \_\_\_\_\_ KEY TO PREMISES

No. 2.  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
HOURS AVAILABLE: \_\_\_\_\_  
IN POSSESSION OF: \_\_\_\_\_ KEY TO ALARM \_\_\_\_\_ KEY TO PREMISES

(LIST OTHERS ON REVERSE SIDE)

### 3. MARK ALL APPLICABLE ITEMS:

\_\_\_\_\_ DIRECT LINE TO POLICE STATION      \_\_\_\_\_ AUTO-DIALER TO POLICE STATION  
\_\_\_\_\_ AUDIBLE ALARM ON PREMISES      \_\_\_\_\_ VISIBLE SIGNAL ON PREMISES  
\_\_\_\_\_ OTHER: \_\_\_\_\_

Does Alarm Reset?    \_\_\_\_\_ Yes    \_\_\_\_\_ No      If Yes, Amount Of Time Required    \_\_\_\_\_ Minutes

### 4. ALARM CONTRACTOR:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

5. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: \_\_\_\_\_  
PRINT NAME & TITLE: \_\_\_\_\_

---

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Chief Of Police/Fire Dept.

FEE: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_ REC'D BY: \_\_\_\_\_