

FREETOWN POLICE DEPARTMENT

ALARM PERMIT APPLICATION

APPLICANT'S INFORMATION

Location of Alarm: _____

Name: _____

Address: _____

Telephone: _____

Description of Premises: _____

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

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

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No. 3

Name: _____

Address: _____

Telephone: _____

Hours Available: _____

In Possession of: _____ Key to Alarm _____ Key to Premises

ALARM CONTRACTOR

Name: _____

Address: _____

Telephone: _____

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Signature: X _____

Print Name & Title: _____

Official Use

Approved by: _____		Date: _____
Fee: \$ _____	Date Paid: _____	Received by: _____

Notes: