

TROY POLICE DEPARTMENT
ALARM PERMIT APPLICATION

RESIDENTIAL NON-RESIDENTIAL

DATE COMPLETED _____

APPLICANT NAME: _____

ADDRESS OF APPLICANT: _____ (SUITE) _____ (ZIP CODE) _____

TELEPHONE NUMBER(S): () _____ (RESIDENCE) () _____ (WORK)

(COMPLETE IF APPLICABLE)

NAME OF BUSINESS: _____

ADDRESS OF ALARM LOCATION: _____

BILLING ADDRESS: _____

BUSINESS TELEPHONE NUMBER: () _____

ALARM SYSTEM INSTALLER: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____ STATE LICENSE #: _____

ALARM MAINTENANCE/REPAIR COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

ALARM MONITORING STATION: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

(CHECK ALL APPLICABLE BOXES)

TYPE OF ALARM(S): BURGLARY FIRE MEDICAL EMERGENCY PANIC HOLDUP

OTHER TYPE: _____

AREAS ALARMED: INTERIOR DOORS: N S E W WINDOWS: N S E W

MISC. INFO: LOCATION OF FUSE BOX/CIRCUIT BREAKER PANEL: _____

AUTOMATIC AUDIBLE ALARM: YES NO

LOCATION OF ALARM SHUT OFF/KEYPAD: _____

NIGHT LIGHTS: EXTERIOR INTERIOR

SAFE: YES NO LOCATION & TYPE: _____

ROOF SKYLIGHT/HATCH: YES NO ALARMED? YES NO

SECURITY DOGS: YES NO NIGHT WATCHMAN/GUARD: YES NO

ARMED GUARD: YES NO NAME: _____

CLEANING CONTRACTOR: YES NO NAME/PHONE#: _____

PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME: _____

ADDRESS: _____

PHONE: () _____ ALTERNATE PHONE #: () _____

KEY TO BUILDING/HOME? YES NO

OWNER MANAGER EMPLOYEE NEIGHBOR RELATIVE FRIEND

NAME: _____

ADDRESS: _____

PHONE: () _____ ALTERNATE PHONE #: () _____

KEY TO BUILDING/HOME? YES NO

OWNER MANAGER EMPLOYEE NEIGHBOR RELATIVE FRIEND

NAME: _____

ADDRESS: _____

PHONE: () _____ ALTERNATE PHONE #: () _____

KEY TO BUILDING/HOME? YES NO

OWNER MANAGER EMPLOYEE NEIGHBOR RELATIVE FRIEND