

TOWN OF ULSTER POLICE DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL ALARM SYSTEM

Location of System:

Name _____

Address _____

Phone # _____

This location is a Business Residence

What type of emergency is this system designed to detect? _____

Where is system located on premises? _____

Installer of System:

Name _____

Address _____

Phone # _____

Two persons who can be contacted to respond to the premises where the system is located on a 24 hr. a day basis

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

The applicant shall agree that if a person to be notified either refuses to come to the premises upon request of the Town Police Department or cannot be reached within a reasonable time by telephone or otherwise, the Town Police may, without any liability for any charges as a result of disconnection, or any liability as a result of responding to alarms, do either of the following: disconnect the system itself, if possible, or contact the installer to disconnect the system.

Signature of Owner

Approved by

Date

\$100.00 check may be made payable to: **Town of Ulster**