



**TOWN OF GUILDERLAND
POLICE DEPARTMENT**

Town Hall, Route 20
Guilderland, NY 12084

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Email: police@townofguilderland.org

Peter G. Barber
Town Supervisor

Daniel P. McNally
Chief of Police

APPLICATION OF ALARM PERMIT

Date: _____

Name: _____

HERBY REQUESTS THAT A PERMIT, PURSUANT TO A RESOLUTION ENACTED MARCH 6, 1984, BE ISSUED FOR AN ALARM AT THE FOLLOWING ADDRESS:

Physical Address

I AGREE TO CONFORM TO SAID RESOLUTION AND RULES AS ESTABLISHED BY THE CHIEF OF POLICE.

Applicant's Signature

A fee of \$25.00 is to accompany this application.

Equipment to be installed by: _____

Equipment to be maintained by: _____

Name of monitoring alarm company: _____

Is there an audible signal? Yes No

Residence or Business telephone #: _____

Business hours: _____

Type of alarm: Burglary Fire Medical

In case of emergency or problem with alarm, call in this order:

- | | | |
|----------|--------------------------|--------------|
| 1. _____ | Title or relation: _____ | Phone: _____ |
| 2. _____ | Title or relation: _____ | Phone: _____ |
| 3. _____ | Title or relation: _____ | Phone: _____ |

OFFICE USE ONLY		
Approved: _____	Date: _____	
Copy to Subscriber: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy to Dispatch: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy to Town Clerk: <input type="checkbox"/> Yes <input type="checkbox"/> No