



VILLAGE OF PORT CHESTER

Village Clerk

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ALARM USER PERMIT APPLICATION

Permit Application To Be Completed by Applicant					
APPLICANT NAME (FIRST M. LAST):				APPLICANT TITLE:	
COMPANY / BUSINESS NAME:				PROTECTED PREMISE TELEPHONE NO.:	
PROTECTED PREMISE (STREET ADDRESS):		SUITE / APT.	PORT CHESTER, NY 10573	APPLICANT TELEPHONE MOBILE NO.:	
MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS			SUITE / APT.	APPLICANT TELEPHONE WORK NO.:	
CITY:		STATE:	ZIP CODE:	APPLICANT TELEPHONE HOME NO.:	
E-MAIL:				MAILING ADDRESS TELEPHONE NO.:	
Name, Address & Phone of at least one other person who can be reached to open protected premise & reset/disconnect the alarm system. Commercial users must list 2 persons.					
NAME (FIRST M. LAST):				TELEPHONE NO.:	
ADDRESS (STREET, CITY, STATE & ZIP CODE)					
NAME (FIRST M. LAST):				TELEPHONE NO.:	
ADDRESS (STREET, CITY, STATE & ZIP CODE)					
IF SENIOR CITIZENS PLEASE CHECK THE BOX <input type="checkbox"/> (RESIDENTIAL ONLY)					
TYPE OF EMERGENCY SYSTEM IS DESIGNED TO PROTECT:					
<input type="checkbox"/> Burglary	<input type="checkbox"/> Holdup	<input type="checkbox"/> Fire	<input type="checkbox"/> Panic	<input type="checkbox"/> Medical	
<input type="checkbox"/> Other (Describe)					
TYPE OF PREMISES					
<input type="checkbox"/> Commercial	<input type="checkbox"/> Storefront	<input type="checkbox"/> Office	<input type="checkbox"/> Floor #'s:		
TYPE OF RESIDENTIAL PREMISES					
<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi Family	<input type="checkbox"/> Apt/Condo	<input type="checkbox"/> Floor #:		
TYPE OF MONITORING					
<input type="checkbox"/> Tape Dialer			<input type="checkbox"/> Central Station		
1. The system will automatically silence outside devices after:			<input type="checkbox"/> 15 min(res.) <input type="checkbox"/> 30 min (com.)		
2. The system will automatically rearm itself after signaling an alarm:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Is system equipped with rechargeable stand-by power supply?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Is system grounded to cold water pipe or ground rod as required			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Is this a new installation? If not, include previous owners name			NAME OF PREVIOUS OWNER:		
Alarm Co. Installation			Alarm Co. Monitoring		
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
STATE LICENSE #:			STATE LICENSE #:		

OVER

ALARM USER PERMIT APPLICATION CONTINUE

PROPERTY OWNERS NAME:		
STREET:		
CITY	STATE	ZIP CODE
IF KNOWN: SECTION _____ : _____ BLOCK _____ LOT _____		
TELEPHONE NUMBER:		
SIGNATURE:		

The undersigned agrees to notify the Village of Port Chester in writing of any change in the previous information at least 10 days prior to the effective date of such change, where practicable, and in any event, no later than 15 days after the change. Failure to do so shall provide grounds for suspension or revocation of the User Permit.

Fee: \$40- User Permit		Senior Citizen: EXEMPT	
SIGNATURE:		DATE SIGNED / /	