

TOWN OF TUXEDO

ALARM REGISTRATION APPLICATION

Read thoroughly before completing. Please print and answer all questions completely.

APPLICANT INFORMATION/ALARM LOCATION:

Resident Name (if applicable): _____

Business Name (if applicable): _____

Owner of Business (corporation or individual): _____

Full Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

Cross Street/Reference Point: _____

ALARM TYPE: Central Station _____ Audible Bell/Siren _____

Make of Equipment: _____

Is your alarm for (check all that apply): ___ Fire ___ Intrusion ___ Medic Alert

The alarm system is (check one): ___ Existing ___ New and installed on ___/___/20___

Spare set of House Keys kept with: _____ Phone _____

Spare set of Alarm Keys kept with: _____ Phone _____

LIST OF CONTACT PERSONS IN CALLING ORDER TO RESPOND TO ALARM:

Name Address Phone

Installing Company _____ Phone _____

Servicing Company _____ Phone _____

Monitoring Company _____ Phone _____

AUTHORIZATION FOR ENTRY: In the event of an alarm from my premises, I hereby authorize the Police Department, Fire Department, and/or Ambulance Corps., to forcibly enter my premises for the purpose of verifying the validity of an emergency situation. I further agree to indemnify and hold harmless the Town of Tuxedo, its employees, and authorized representatives from any damages to my property as a result of such forcible entry and from any other situation that ensue thereafter.

Signature of Applicant

Residential \$50.00 initial fee/\$25.00 renewal

Business \$100.00 initial fee/\$50.00 renewal

Enclosed is my payent in the amount of \$ _____ made payable to the Town of Tuxedo.

FOR OFFICE USE ONLY:

Tuxedo Registration Number: _____ Issue Date: _____

Signature of Issuing Agent: _____