

Approved _____ Date Issued __/__/__ Permit#A _____
Village Clerk

VILLAGE OF PORT WASHINGTON NORTH
ALARM SYSTEM REGISTRATION PERMIT

Owners/Business Name _____
Last First

Address _____
Port Washington, New York 11050

Home Phone _____ Cross Street _____

Business Phone _____ Work Phone _____

Equipment Make & Model _____

System Type:
Central Station _____ Headquarters _____ Dialer _____ Local Bell Only _____

Alarm Type:
Burglar _____ Panic/Hold-Up _____ Medical _____ Fire _____ Other _____

Contacts

Alarm Company:

Name _____ Address _____ Phone _____

Tenant (If Any):

Name _____ Address _____ Phone _____

House Keys At:

Name _____ Address _____ Phone _____

Alarm Code With:

Name _____ Address _____ Phone _____

Other:

Name _____ Address _____ Phone _____

Sec _____ Blk _____ Lot _____

Applicant's Signature

Date of Birth (Required)

Name and Title