



**CITY OF NEW ROCHELLE
NEW YORK**



ALARM UNIT

New Rochelle Police Department*475 North Avenue, New Rochelle, NY 10801-3405

BUSINESS ALARM USER PERMIT APPLICATION

Please print or type (*all questions must be filled out*)

1. Business Name: _____

2. Business Address: _____

3. Block Number: _____ Lot Number: _____

4. Business Telephone Number: _____

5. Full Name of Applicant: _____

6. Applicant Home Address: _____

7. Applicant Home Telephone Number: _____

8. Property owner: (if not applicant)

a. Name: _____

b. Address: _____

c. Telephone Number: _____

9. Alarm Company Name: _____

a. Alarm Co. Address: _____

b. Alarm Co. Telephone Number: _____

c. State Permit Number: _____

10. Alarm Company who monitors the Alarm (Central Station)

a. Address: _____

b. Telephone Number: _____

11. Names of those responsible in case of an emergency (Key Holder):

(Additional names may be added on the reverse side of this form)

a. Name: _____ Telephone Number: _____

b. Name: _____ Telephone Number: _____