



TOWN OF FITZWILLIAM ALARM PERMIT APPLICATION

Name: _____ Alarm Number _____
 (leave blank)
 Address: _____ Permit Number _____
 (leave blank)
 Telephone Number _____ Date _____

This alarm is for () Residence, () Business, () Other _____
 (Specify)
 and protects against () Burglary, () Robbery, () Fire, () Other _____
 (Specify)

Type of signal device:
 () Dialer, () Direct line, () Noise, () Other _____

Type of detection:
 Physical: () Ultrasonic, () Infrared, () Perimeter, () Other _____
 Fire: () Smoke, () Heat, () Rate of Rise, () Other _____

Does alarm have automatic re-set? () Yes, () No. How long does it signal? _____

This alarm is serviced by _____
 Address: _____
 Telephone (24 hr): _____ N.H. Installer's License No. _____

Name and address of all persons or agencies contacted by your alarm:

The Following persons are to be contacted upon activation of your alarm. (*Must be nearby and capable of de-activating system*) . MINIMUM OF 3 REQUIRED.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

On the reverse side of this application, please make a general diagram of the premises, inside and outside. Please provide locations of area(s) protected by your alarm, and the location of the alarm's control panel.

I declare that the information above is true and complete to the best of my knowledge. I understand that any intentionally false answers will be just cause for denial of my application or revocation of my permit.

I understand that this application does not constitute authority to operate an alarm, and that a permit is required for the operation of an alarm in Fitzwilliam.

Signature: _____ Date: _____