



**CITY OF NEW ROCHELLE
NEW YORK**



ALARM UNIT

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

RESIDENTIAL ALARM USER PERMIT APPLICATION

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

1. Full Name of Applicant:_____

2. Applicant Home Address:_____

3. Applicant Home Telephone Number:_____

4. Block Number:_____ Lot Number:_____

5. Property owner: (if not applicant)

a. Name:_____

b. Address:_____

c. Telephone Number:_____

6. Alarm Company Name:_____

a. Alarm Co. Address:_____

b. Alarm Co. Telephone Number:_____

c. State Permit Number:_____

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

a. Address:_____

b. Telephone Number:_____

8. 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:_____

c. Name:_____ Telephone Number:_____