ATKINSON POLICE DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL AND OPERATE A BURGLARY / ROBBERY / UNAUTHORIZED-INTRUSION ALARM SYSTEM

APPLICANT'S NAME _____ ADDRESS _____ TELEPHONE _____

ADDRESS WHERE ALARM SYSTEM IS TO BE INSTALLED / OPERATED _____

DESCRIBE ALL BUILDINGS AND / OR AREAS TO BE PROTECTED BY THE SYSTEM (e.g. House, Garage, Barn, Etc.)

_____

IS HOUSE NUMBER CLEARLY VISIBLE FROM THE STREET? ____

ALARM SYSTEM MANUFACTURED BY _____ MODEL DESIGNATION _____

☐ WIRELESS
☐ HARD-WIRED
☐ MOTION

DOES ALARM SYSTEM INCORPORATE A TELEPHONE OR AUTOMATIC DIALER?

IF SO, TO WHOM CONNECTED (DIALED)? NAME _____ ADDRESS _____ TELEPHONE _____

DOES ALARM SYSTEM INCORPORATE AN AUDIBLE SIGNAL DEVICE (SIREN, HORN, BELL, ETC.) THAT IS AUDIBLE OUTSIDE THE PREMISES? ____ IF SO, LIST THE NAME(S) AND CURRENT TELEPHONE NUMBER(S) OF AT LEAST ONE PERSON HAVING ACCESS AND AUTHORIZED TO DISCONNECT / DISABLE THE AUDIBLE SIGNAL DEVICE:

Name _____ Telephone _____

_____ _____

_____ _____

ALSO, WILL THE AUDIBLE ALARM AUTOMATICALLY RESET WITHIN 15 MINUTES AS REQUIRED BY ORDINANCE? ____

SIGNATURE OF APPLICANT _____ DATE _____

PERMIT IS HEREBY GRANTED FOR INSTALLATION / OPERATION OF THIS ALARM SYSTEM _____

Chief of Police *Date*

NOTICE TO ALARM USER: NOTIFY THE ATKINSON POLICE DEPT. OF ANY CHANGE IN THE ABOVE INFORMATION.

— DO NOT WRITE BELOW THIS LINE —

FALSE ALARM HISTORY

Date / Time	Investigating Officer	NOtice Sent (Date / Initials)	Service Charge Assessed (Date)	Service Charge Paid (Date)	Audible Alarm Ordered Disconnected (Date / Time)	Audible Alarm Reconnection Permitted (Date)	Alarm Permit Suspended (Date)	Alarm Permit Reinstated (Date)