

County of Cattaraugus

Sheriff's Office

301 Court Street, Little Valley, New York 14755-1090

Phone: (716) 938-9191 Fax: (716) 938-6420

ALARM SITE / USER PERMIT APPLICATION

OFFICE USE ONLY

Alarm Site Number _____ Permit Issue Date _____ Amount Paid _____ Confirmation Date _____

ALARM SUBSCRIBER / USER INFORMATION: (Please print clearly or type)

Name of Residence or Name of Business (should be same name alarm company uses for dispatch) _____ (_____) _____
Telephone Number at alarm site

Address of Alarm Site: _____
Street No. (N,S,E,W) Street Name / Number Suite / Apt. Number

TYPE (check one) Residence _____ Business _____ If Business, Normal Hours _____

SPECIAL DESCRIPTORS / DIRECTIONS TO ALARM SITE: _____

ALARM SUBSCRIBER / USER MAILING ADDRESS

Attn: _____

Address: _____

City: _____ State/Province: _____ Zip / Postal Code: _____

Name of Alarm Subscriber / User _____ (_____) _____
Alternate Telephone Number for Alarm Subscriber / User

ALARM COMPANY AND / OR MONITORING COMPANY

Installed / Serviced by: _____ (_____) _____
Name of Alarm Company Telephone Number

Monitored by: _____ (_____) _____
Name of Monitoring Company Telephone Number

TYPE OF ALARM (check all that apply)

Burglary Alarm _____ Panic Alarm _____ Audible _____ Fire _____ Silent _____ Date of Installation _____

PREMISES INFORMATION (check all that apply)

Dog/s _____ Chemicals _____ Who owns alarm equipment: _____

RESPONSIBLE REPRESENTATIVES

List at least two responsible representatives (other than the applicant) who will respond to an alarm activation to assist the Police in determining the cause of the alarm activation and to secure the premises. (For more than two representatives, use the back of this form)

Name _____ (_____) _____ (_____) _____
Day Telephone Night Telephone

Name _____ (_____) _____ (_____) _____
Day Telephone Night Telephone

The application fee of \$25 must be included with the application. Please make check or money order payable to CATTARAUGUS COUNTY. Please return this registration form to the address listed above, ATTN: ALARM ADMINISTRATOR.

Applicant Signature _____

Date _____