MUTTONTOWN POLICE DEPARTMENT

ALARM PERMIT REGISTRATION

PLEASE PRINT CLEARLY. Instructions are on the back of this form. **Date:**_____

Alarm System (Circle one): **CENTRAL STATION** **DIRECT DIALER** **AUDIBLE (ONLY)**

Property Owner: _____ _____
Last Name First Name

Property Address: _____ _____
Street Address Zip Code

Mailing Address (if differs from above): _____
Street Address

_____ _____ _____ _____
City State Zip Code Suite #

Phone Contact #s: Property: (516) - _____ -_____ (alternate) (516) -_____ -_____

Cellular: _____ - _____ -_____ (alternate) _____ -_____ -_____

Business: _____ - _____ -_____ (alternate) _____ -_____ -_____

E-mail Contacts: _____ _____

Type of Alarm (Circle all that apply): **BURGLAR** **FIRE** **PANIC**

Alarm Company: Responsible for monitoring the alarm, if applicable.

_____ Phone Info: _____ -_____ - _____

Is this the same company that installed your alarm? (Circle one) **YES** **NO**

Emergency Contacts: Two (2) individuals are recommended, other than the property owner.
(Choose those that are able to respond to the alarm location within a reasonable amount of time.)

1. _____ _____
Last Name First Name
_____-_____ -_____ Type _____ _____-_____ - _____Type _____
Primary Phone Secondary Phone

2. _____ _____
Last Name First Name
_____-_____ -_____ Type _____ _____-_____ - _____Type _____
Primary Phone Secondary Phone

Additional Information:
Gate Code: _____ **Guard Dog:** (Circle one) **YES** **NO** **If Yes, Specify Type(s)**:_____
Private Road: (Circle one) **YES** **NO** **Shared Driveway:** (Circle one) **YES** **NO**

Homeowner Special Needs:
Person on Oxygen: (Circle one) **YES** **NO** **Other Special Situation:** _____

Return this application to:

Muttontown Police Department
One 'Raz' Tafuro Way

ALARM PERMIT REGISTRATION INSTRUCTIONS:

Permit Type: **Central Station-** This is when an alarm company monitors your system and contacts the proper authorities.

Direct Dialer – This is a system which dials directly to the police department when the alarm is activated. This is older technology which is being phased out.

Audible (Only) – This system does not have any means of contacting emergency services outside of a siren.

Property Address: Physical address where the alarm system is installed/located.

Mailing Directions: Address where correspondence should be directed, only if different from property address.

Phone Information: Current/reliable phone numbers, used for contacting those named.

Phone Type: The type of phone number listed (required): B-Business, C-Cell, H-Home or P-Pager

Additional Information: Please indicate any special circumstances that you would like an officer to be aware of in case of an emergency at your location.

VILLAGE CODE

§ 11-10. False alarm charges.
A. Alarm user charge. An alarm user shall pay to the Village the below-noted charge for each and every false alarm in each calendar year as follows: [Amended 9-11-2000 by L.L. No. 3-2000; 11-8-2004 by L.L. No. 4-2004EN]

Cumulative Number of False Alarms During a Year	Charge
1	$0
2	$0
3	$50
4	$100
5	$100
6	$100
7	$100
8	$100
9	$100
10 and over	$100