

TOWN OF MAMARONECK

ALARM USER PERMIT APPLICATION

Processed \_\_\_\_\_

Acct. # \_\_\_\_\_ Verif. # \_\_\_\_\_

Mail to: Town Clerk's Office  
740 W. Boston Post Road  
Mamaroneck, New York 10543

**APPLICANT** - owner or tenant of record

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address of Alarmed Premise \_\_\_\_\_

**ALERTING DEVICE(s)** - check applicable box

- SILENT - no audible signals emitted
- AUDIBLE INTERIOR - alerting devices audible within premises only
- AUDIBLE EXTERIOR - alerting devices audible outside of premises
- AUDIBLE INTERIOR EXTERIOR - alerting devices audible inside and outside

**TYPE OF ALARM SYSTEM** - check applicable box

- LOCAL ALARM - alarm sounds within or outside of premises ONLY - no connections
- CENTRAL STATION ALARM - system interconnected to a private security and/or monitoring facility by any method

**LOCAL ORDINANCE COMPLIANCE** - check applicable box

A. Systems equipped with an audible alerting device which is perceptible outside of the alarmed premises must incorporate a device which will silence such audible signals within twenty (20) minutes of its activation.

- System equipped with silencing device as required
- System not so equipped
- Not applicable - no audible signal perceptible outside of premises

B. Central Station Alarm users must ensure that, prior to police notification of an alarm activation, the central station monitoring facility must first attempt to verify the authenticity of the alarm and the need for emergency response by police personnel. This MUST include an attempt to contact persons at the alarmed premises. (This requirement does not apply to holdup, panic or fire signals).

- Central Station facility required to make verification calls as required
- Central Station facility does not make verification calls
- Not applicable - not central station alarm

(continued)

**ALARM SERVICE AGENCY - firm which currently services your system**

Name of Alarm Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

**EMERGENCY CONTACT LIST - persons who should be contacted in the event of an on premises emergency. A *minimum of two names* should be submitted, preferably persons who have access to the premises and are familiar with the alarm system.**

**ALARM USER - Business Hours Telephone \_\_\_\_\_**

1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**PLEASE NOTIFY THE TOWN CLERK'S OFFICE IN WRITING, OF ANY CHANGES IN YOUR CONTACT LIST**

**APPLICATION**

I hereby apply for an Alarm Users Permit pursuant to the provisions of Local Law No. 1-1988 of the Town of Mamaroneck, New York. I certify that the information I have provided herein is accurate. Furthermore, I have received a copy of the current local ordinance regulating and controlling alarm systems within the Unincorporated Area of the Town of Mamaroneck. I have read same and understand it.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE: It is a crime, punishable as a Class A misdemeanor, to knowingly make a false statement herein (Section 210.45 New York State Penal Law)**