

TOWN OF ELLICOTTVILLE ALARM SYSTEM APPLICATION

1) HOMEOWNER/BUSINESS OWNER

Last Name: _____ First Name: _____ M.I. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

2) ALARM SYSTEM LOCATION

Physical Address: _____

Landline associated with Location: (____) _____

Business Name (if applicable): _____

System or Device Name: _____

Model #: _____ Serial #: _____

3) ALARM COMPANY

Name of Alarm Co.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

4) KEYHOLDER/CONTACT PERSON (IF NOT HOMEOWNER/BUSINESS OWNER)

Primary Keyholder Name: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Secondary Keyholder Name: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

*Applications are due before Jan. 15 of each year; the year runs from Feb. 1 through Jan. 31

TO BE COMPLETED BY THE TOWN OF ELLICOTTVILLE

_____ Paid \$25.00 Date Issued: _____ Permit No.: _____