



# MUTTONTOWN POLICE DEPARTMENT

## ALARM PERMIT REGISTRATION

PLEASE PRINT CLEARLY. Instructions are on the back of this form.

Date: \_\_\_\_\_

Permit Use (Circle one): **RESIDENTIAL** **ECONOMIC DEVELOPMENT DISTRICT (EDD)**

Alarm System (Circle one): **CENTRAL STATION** **AUDIBLE (ONLY)** **OTHER (SPECIFY)** \_\_\_\_\_

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

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

Company Name	Address	Phone	Email
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**PROPERTY ADDRESS:**

Street Address	Zip Code
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**PROPERTY OWNER:**

Last Name	First Name
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Phone Contact #s: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Alternate Cellular: \_\_\_\_\_

Business: \_\_\_\_\_ Alternate Business: \_\_\_\_\_

E-mail Contacts: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Mailing Address:**

(if differs from above) 

Street Address	City	State	Zip Code
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**PROPERTY OCCUPANT:**

(if different from owner):

Phone Contact #s: Property: \_\_\_\_\_ Cellular: \_\_\_\_\_ Alternate Cellular: \_\_\_\_\_

Business: \_\_\_\_\_ Alternate Business: \_\_\_\_\_

Email Contacts: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Mailing Address:**

(if differs from above) 

Street Address	City	State	Zip Code
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**Emergency Contacts:** Two (2) individuals, other than the property owner or occupant.

(Choose those that are able to respond to the alarm location within a reasonable amount of time.)

1. _____	_____	_____	Has Key: Yes / No
Last Name, First Name	Primary Phone #	Secondary Phone #	

2. _____	_____	_____	Has Key: Yes / No
Last Name, First Name	Primary Phone #	Secondary Phone #	

Additional Information: Gate Code: \_\_\_\_\_ Dog: Yes/No Type(s): \_\_\_\_\_

Firearms: Yes/No Video Surveillance: Yes/No Other Pets: \_\_\_\_\_

Hazardous Materials: Yes/No Hazards on Property: \_\_\_\_\_

Occupant with Disability: Name: \_\_\_\_\_ Disability: \_\_\_\_\_

Non-Ambulatory/Bedridden: Name: \_\_\_\_\_ Location at Premise: \_\_\_\_\_

Oxygen in Use: Yes/No Wheelchair in Use: Yes/No

Other Special Conditions: \_\_\_\_\_



## **ALARM PERMIT REGISTRATION INSTRUCTIONS**

**PLEASE ENSURE YOUR ALARM COMPANY NOTIFIES THE NASSAU COUNTY POLICE DEPARTMENT ALARM LINE AT 516-742-7464 WHEN YOUR ALARM IS ACTIVATED.**

- Central Station:** Alarm company monitors system and contacts the police when alarm is activated.
- Audible (Only):** Siren activated only, does not contact the police.
- Property Address:** Physical address where the alarm system is located.
- Mailing Address:** Address where correspondence should be directed, only if different from property address.
- Phone Information:** Current/reliable phone numbers, used for contacting those named.
- Email Information:** Current/reliable email addresses, used for contacting those named.
- Additional Information:** Please indicate any special conditions/circumstances that an officer should be aware of in case of an emergency at the property location.

**IT IS VERY IMPORTANT TO PROVIDE RELIABLE CONTACT INFORMATION PARTICULARLY INVOLVING PERSONS WHO HAVE A KEY TO THE PROPERTY.**

**ECONOMIC DEVELOPMENT DISTRICT:** Include Suite Number in Property Address.  
Omit Property owner contact information if not available.

**ALARM WARNING:** If you have an alarm installed, you must file an Alarm Permit Registration form with the Muttontown Police Department. Alarm users are responsible for ensuring that their alarm system is functioning properly at all times. Please be advised that false alarm fines may be imposed pursuant to Section 11-10 of the Village Code.

**Return this application to:  
Muttontown Police Department  
One 'Raz' Tafuro Way  
Muttontown, NY 11791**