

# Keene Police Department

## ALARM APPLICATION / PERMIT FORM

Pursuant to City of Keene City Code, Chapter 34, Section 34-55, an alarm permit is required for every alarm system on the premises. The application form, signed and approved by the Chief of Police or designee, will serve as an approved permit. A yearly renewal is required by January 1. This Permit cannot be transferred. Changes to the information contained herein must be filed with the Police Department within five business days. Applicants are required to familiarize themselves with the City Code.

Initial

Renewal

PLEASE PRINT ALL INFORMATION

|   |   |
|---|---|
| <b>Name of Resident</b>                                   | <b>Name of Business</b>                                   |
|   |   |
| <b>Resident Address</b>                                   | <b>Business Address</b>                                   |
|   |   |
| <b>Resident Mailing Address (if different from above)</b> | <b>Business Mailing Address (if different from above)</b> |
|   |   |
| <b>Telephone Number at Alarm Address</b>                  | <b>Telephone Number at Business Address</b>               |
|   |   |
| <b>Additional Contact Number (i.e. Cell, Work)</b>        | <b>Business Hours &amp; Days Open</b>                     |
|   |   |

EMERGENCY CONTACT / RESPONDING PARTY INFORMATION

| Name | Title | Address | Telephone Number |
|------|-------|---------|------------------|
| 1.   |       |         |                  |
| 2.   |       |         |                  |
| 3.   |       |         |                  |

PLEASE FILL OUT COMPLETELY AND CHECK APPROPRIATE BOXES BELOW

|   |                                      |  |                                 |
|---|--------------------------------------|--|---------------------------------|
| <b>Classification:</b>  | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial              |                                 |
| <b>Purpose:</b>   | <input type="checkbox"/> Burglary    | <input type="checkbox"/> Robbery                 | <input type="checkbox"/> Other: |
| <b>Name, Address, Telephone # of Alarm Company:</b>   |                                      |  |                                 |
| <b>Date of Alarm installation:</b>  |                                      | <b>Date of last inspection by Alarm Company:</b> |                                 |
| <b>Please describe the types of alarms: (i.e. motion detector, sensor) and their locations:</b> |                                      |  |                                 |
|   |                                      |  |                                 |

THIS BLOCK TO BE COMPLETED BY KPD PERSONNEL

**Permit is approved**

**Disapproved**

**Signature of Chief or Designee**

**Date**