

**Town of Dunbarton  
Emergency Alarm System Permit Application**

**Alarm Owner Information**

Name: Date of Birth:

Address:

Residence Phone: Business Phone:

Exact Location of Building:

**Description of System**

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**Contact Information** (Should have Key to Building and Code to Alarm)

Name:

Address:

Residence Phone: Business Phone:

**Legal Entity Responsible for Alarm Maintenance**

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# Diagram of Building

Exterior

Interior

## I have read and understand the following:

1. I am responsible for notifying the Dunbarton Police Department of any changes in the information given on the original application.
2. In the event that my alarm system malefunctions I will be required to have the appropriate repairs made within forty-eight (48) hours. Repeated malfunctions due to disrepair will be treated as false alarms.
3. That I will be assessed a service charge for each false alarm transmitted by such system in a calandar year, as follows:

1 to 3.....	No Charge
4 to 6, per alarm.....	\$ 50.00
7 or more, per alarm.....	\$100.00
4. I may appeal a false alarm service charge in writing to the Chief of Police within ten (10) days after receipt of notice of penalty.
5. Failure to pay false alarm service charges within forty-five (45) days of the notification date shall result in revocation of my permit.

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Alarm Owner

\_\_\_\_\_  
Date

