

VILLAGE OF ALBION
35 EAST BANK ST
ALBION, NY 14411
(585)589-7229

ALARM REGISTRATION FORM

1. This application must be completed, in total, in ink, or type written and submitted to the Village of Albion Code Enforcement Officer, or his Designee.
 2. Upon approval, an *alarm registration number* will be issued, or re-issued.
 3. A \$50.00 processing fee, payable to the Village of Albion shall accompany the form.
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Application is hereby made to the Village of Albion Code Enforcement Office for the issuance of an *Alarm Registration Number*, pursuant to Chapter 124 of the Code of the Village of Albion.

Date of Application: _____

Address protected by alarm system: _____

Name & address of owner: _____

Phone #: _____

Type of Alarm System: Fire Police Fire & Police Other _____

Is the alarm monitored or connected to an outside agency? Yes No

If YES, name and telephone number of monitoring agency:

_____ Phone #: _____

Name & phone # of the company who services the alarm:

Name: _____ Phone #: _____

List the names & phone #'s of those individuals who can be called if the alarm activates when the building is unoccupied. These are strictly confidential and only provided to the Fire & Police agencies that respond to the building.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

The undersigned is duly authorized to apply for the Alarm Registration number and certifies that the equipment has been installed and operated pursuant to all applicable State and Local laws, rules and regulations.

Signature and Title of Applicant

Date

FOR OFFICIAL USE ONLY

Date alarm inspected: _____ Approved Disapproved Reason: _____

New Alarm System Renewal

Alarm Registration Number: _____ Expires: _____

Comments: _____

Signature and Title of Applicant

Date