

Town of Exeter - Police Department

Please mail application to:
Exeter Police Department
Attn: Alarm Coordinator
20 Court St.
Exeter, NH 03833

Permit#:
Date Issued:
Amount Paid: \$
New: Renewal:
Change

TOWN OF EXETER ALARM SUBSCRIBER PERMIT APPLICATION

1. ALARM SUBSCRIBER/BUSINESS NAME: _____
2. TELEPHONE NUMBER AT THE ALARMED LOCATION: _____
3. ADDRESS OF THE ALARMED LOCATION: _____
4. MAILING ADDRESS: _____ ATTN: _____
5. NAME OF YOUR ALARM COMPANY: _____
6. ALARM COMPANY MAILING ADDRESS: _____ CITY, STATE, AND ZIP: _____
7. ALARM COMPANY TELEPHONE NUMBER (include area code): _____
8. BUSINESS OR RESIDENCE OWNER NAME: _____
9. BUSINESS OR RESIDENCE OWNER TELEPHONE NUMBER (include area code): _____
10. THE RESIDENT ALARM SUBSCRIBER IS (circle all that apply): OVER 65 YEARS OF AGE DISABLED
11. WHO OWNS THE ALARM EQUIPMENT (circle the one that applies)? ALARM COMPANY SUBSCRIBER OTHER
12. IF 11 IS "OTHER", PLEASE EXPLAIN: _____
13. PLEASE LIST DOGS, HAZARDS, OR OTHER INFORMATION ABOUT THE ALARMED LOCATION (anything a responder should know about) :

14. NORMAL BUSINESS HOURS: (Open) _____ - (Close) _____ Days Open: _____
15. DO YOU HAVE A SECURITY COMPANY CHECKING YOUR ALARMED LOCATION? Yes ___ No ___ (If no, go to question 20)
16. IF 15 IS "YES", WHAT IS THE NAME OF THE SECURITY COMPANY? _____
17. IF 15 IS "YES", WHAT ARE THE DAYS AND HOURS THAT THE ALARMED LOCATION IS CHECKED? _____

18. IF 15 IS "YES", DOES THE SECURITY COMPANY HAVE A KEY TO THE ALARMED LOCATION? Yes _____ No _____

19. IF 15 IS "YES", WHAT IS THE 24 HOUR TELEPHONE NUMBER OF THE SECURITY COMPANY? (include area code): _____

20. PLEASE CIRCLE THE TYPES OF SIGNALS YOUR ALARM SYSTEM WILL SEND:

Burglary - Audible	Fire - Audible	Medical	High Water
Burglary - Inaudible	Fire - Inaudible	Power Loss	Restorals
Holdup/Panic - Audible	Low Battery	Tests	Low Temperature
Holdup/Panic - Inaudible	Trouble/Supervisory	Openings/Closings	Other

21. DATE OF ALARM INSTALLATION: _____/_____/_____ DATE SYSTEM WAS LAST INSPECTED: _____/_____/_____

22. WHO SHOULD BE CONTACTED IN THE EVENT OF AN ALARM?

Name	Address	Day Phone	Night Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

23. DO YOU HAVE MORE THAN ONE ALARM SYSTEM AT THIS ADDRESS? Yes _____ No _____

24. IF NUMBER 23 IS "YES", PLEASE LIST EACH ALARM SYSTEM BELOW AND DESCRIBE WHAT AREA IT COVERS (OFFICE, WAREHOUSE, GUEST HOUSE, ETC.)

System 1: _____

System 2: _____

System 3: _____

System 4: _____

25. THERE IS A HOOK-UP FEE OF \$50.00 FOR ONE ALARM SYSTEM AND AN ADDITIONAL \$10.00 FOR EACH ADDITIONAL SYSTEM AT THE SAME ADDRESS. THE FEE MUST BE FORWARDED WITH THIS APPLICATION IF SUBMITTED AFTER MAY 1, 1997. PLEASE MAKE CHECK PAYABLE TO THE TOWN OF EXETER, AND MAIL IT WITH THIS APPLICATION TO THE ADDRESS ON THE TOP LEFT OF THE FRONT SIDE OF THIS FORM.

IF ANY CHANGES NEED TO BE MADE TO YOUR ALARM SUBSCRIBER PERMIT, THEY MUST BE MADE IN WRITING.

26. DATE: _____/_____/_____ APPLICANT SIGNATURE: _____

UPON ASSIGNMENT OF A PERMIT NUMBER, THIS APPLICATION WILL BE YOUR PERMIT AND A COPY WILL BE MAILED TO YOU AND TO YOUR ALARM COMPANY.