TOWN OF HANOVER

ALARM PERMIT

(Please print form, fill out and return to Dispatch Center.)

LINE #:_____________________________PERMIT #:________________

LOCATION OF DISPATCH CENTER: 46 Lyme Road, Hanover, NH 03755

The following application must be completely filled out before a permit will be issued. All information must be accurate and current. It is the responsibility of the applicant to keep the information up to date and to review the information for accuracy at quarterly intervals. It is also the responsibility of the applicant to test their alarm at least once a year.

APPLICANTS: (Please fill out)

NAME: ________________________________TEL #: ________________

ALARM ADDRESS: ________________________________________________

ALARM FOR: [ ] Business [ ] Residence [ ] Other ____________________

ALARM INSTALLED OR MAINTAINED BY:

NAME: ________________________________TEL #: ________________

ADDRESS: ____________________________________________________
TYPE OF NOTIFICATION: [ ] Local Alarm [ ] Direct Connection
[ ] Automatic Dialer [ ] Digital Communicator

PROTECTION FOR: [ ] Fire [ ] Burglary [ ] Hold up [ ] Panic
[ ] Medical Emergency [ ] Freeze Up [ ] Chlorine Alarm
[ ] Restore [ ] System Trouble [ ] Other ________________

NAME OF PERSONS TO CONTACT IN THE EVENT OF AN ALARM:
1. Name: ____________________________________________________
   Telephone: Day _____________________ Night ____________________
   Address: ____________________________________________________

2. Name: ____________________________________________________
   Telephone: Day _____________________ Night ____________________
   Address: ____________________________________________________

3. Name: ____________________________________________________
   Telephone: Day _____________________ Night ____________________
   Address: ____________________________________________________

AREA ALARMED: __________________________________________

LOCATION OF RESET:_______________________________________

DIRECTIONS TO PROPERTY: __________________________________
________________________________________________________________
________________________________________________________________
FEE SCHEDULE:

___ Connection Fee: (one time only) $25.00
___ Annual Monitoring Fee: $400.00/yearly
___ Annual Monitoring Fee - Master Fire Box: $300.00/box/yearly

PRO-RATIED MONTHLY MONITORING FEE:

False Alarm Charge:

(A) Fire Service Alarm:
After Three False Fire Alarms $100.00 each

(B) Police Service Alarm
After Three False Police Alarms $50.00 each

PENALTY CHARGE FOR INACCURATE CALL LIST: $10.00

This Appendix was amended 07/10/00