

Ordinance 19 Appendix B

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: _____

APPLICANT'S SIGNATURE: _____

[OR] AUTHORIZED AGENT: _____

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-RATED 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