

Milton Police Department
P.O. BOX 556 - MILTON, NH 03851

APPLICATION FOR ALARM USER'S PERMIT

The undersigned hereby applies for an ALARM USER'S PERMIT

NAME: _____ TELEPHONE: _____

ADDRESS: _____

**LOCATION WHERE ALARM
WILL BE INSTALLED:**

**TYPE OF ALARM TO BE INSTALLED:
(Check all that apply)**

NAME: _____

TO CENTRAL STATION: _____

ADDRESS: _____

AUDIBLE: _____

DIGITAL RECEIVER: _____

VIA TELEPHONE: _____

(Cannot be dialed to 652-4500)

VISUAL: _____

COMPANY INSTALLING ALARM: _____

TELEPHONE NUMBER: _____

TYPE OF ALARM CODE INSTALLED: (Please check all that apply)

CODE #1 FIRE _____

CODE #5 MEDICAL _____

CODE #2 HOLD UP _____

CODE #6 TEMP DROP _____

CODE #3 BURGLAR _____

CODE #7 LOW BATTERY _____

CODE #4 DISTURBANCE _____

CODE #8 RESET/TEST _____

Whom to call, **day or night**, and who can open the premises anytime the alarm sounds.

PLEASE NOTE: Only TWO names will be accepted.

#1	NAME	ADDRESS	TELEPHONE
_____	_____	_____	_____

#2	NAME	ADDRESS	TELEPHONE
_____	_____	_____	_____

**ANY FALSE STATEMENTS OR MISREPRESENTATION OF A MATERIAL FACT MADE BY AN
APPLICANT FOR THE PURPOSE OF OBTAINING A USER'S PERMIT OR RENEWAL, OR WHILE
MAKING A CHANGE THERETO, SHALL BE SUFFICIENT CAUSE FOR REFUSAL TO GRANT OR
REVOCATION OF A PERMIT (MILTON TOWN ORDINANCE, CHAPTER 15)**

SIGNATURE OF APPLICANT: _____ DATE: _____

PERMIT APPROVED: _____ DATE: _____
(CHIEF OF POLICE)