

**CITY OF KINGSTON
POLICE DEPARTMENT
1 GARRAGHAN DRIVE
KINGSTON, NEW YORK 12401**

APPLICATION FOR PERMIT TO INSTALL ALARM SYSTEM

OWNER OF ALARM SYSTEM

Name _____

Address _____

Phone _____

Directions: _____

INSTALLER

Name _____

Address _____ Phone _____

Persons (other than owner) who can be contacted to respond to the premises where system is located on a 24 hr a day basis. (list at least 2, if there are more add them on back.)

Name _____ Name _____

Phone _____ Phone _____

TYPE OF SYSTEM AND WHERE LOCATED ON PREMISES

There is an original application fee of **\$40.00** (forty dollars) **CHECK OR MONEY ORDER ONLY**. The Chief of Police shall have the right, if contact person is unavailable to respond, to do either of the following: disconnect the system itself, if possible; or contact the installer to disconnect the system. The Chief also has the right at reasonable times, to inspect the alarm system. A bill is rendered for every false alarm over 3 per year at \$50.00 each.

Signature of owner of alarm system

Please print name here

Date