



Village of Mamaroneck Police Department
169 Mt. Pleasant Avenue
Mamaroneck, NY 10543

*****READ ENTIRE PACKET BEFORE FILLING OUT*****

ANNUAL ALARM PERMIT FEE:
Please remit payment
made payable to The Village of Mamaroneck

The following items are included in this packet:

- A. An Alarm Permit Application
- B. An Alarm System Information Form
- C. A General Information Sheet

Please fully complete and return the Alarm Permit Application (pages 2 & 3), the Alarm System Information Form (page 4) and the annual Alarm Permit Fee. You may either mail or hand deliver the completed forms to the above address. The General Information Sheet has been supplied for your records and should not be returned to this department.

A copy of the Village of Mamaroneck Code, Chapter 88, Alarm Devices & Systems is available upon your request.

Please feel free to contact this department if we may be of further service to you.

VILLAGE OF MAMARONECK POLICE - ALARM PERMIT APPLICATION

For Office Use Only

PERMIT # _____

ISSUE DATE: _____

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OWNER INFORMATION:

Name _____ D.O.B. ____/____/____ M / F

Home Address: _____

Street

Apt# /Suite

City/Town/Village

State

Zip

Phone #1: (____) _____ - _____ Type: Home / Work / Cell / Other _____

Phone #2: (____) _____ - _____ Type: Home / Work / Cell / Other _____

Phone #3: (____) _____ - _____ Type: Home / Work / Cell / Other _____

ALARM LOCATION:

Residence

Business

Address of Protected Premises: _____

(EXACT ADDRESS PLEASE-NO PO BOX):

Number

Street Name

(If used) Floor/Suite/Unit/Apt #

Phone Number of Protected Premises: (____) _____ - _____

Mailing Address (If Different From Above): _____

Type of Residence:

Single Family House Multi-Family House Condo/Townhouse Apartment Complex

Type of Business:

Office Warehouse Retail Sales Restaurant/Deli Other _____

Business Name: _____

* If a new business, please indicate what business was previously at this location: _____

CONTACTS:

**Contact persons should be family, friends, or neighbors who can either access your premises and/or disable your alarm in case of an emergency; or be able to contact you.*

Call 1: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/Owner: _____ Key Holder? Y/N

Phone #1: (____)____-____ Type: Home / Work / Cell / Other _____

Phone #2: (____)____-____ Type: Home / Work / Cell / Other _____

Phone #3: (____)____-____ Type: Home / Work / Cell / Other _____

Call 2: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/Owner: _____ Key Holder? Y/N

Phone #1: (____)____-____ Type: Home / Work / Cell / Other _____

Phone #2: (____)____-____ Type: Home / Work / Cell / Other _____

Phone #3: (____)____-____ Type: Home / Work / Cell / Other _____

Call 3: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/Owner: _____ Key Holder? Y/N

Phone #1: (____)____-____ Type: Home / Work / Cell / Other _____

Phone #2: (____)____-____ Type: Home / Work / Cell / Other _____

Phone #3: (____)____-____ Type: Home / Work / Cell / Other _____

Examples of Relationships:

- | | | | |
|----------|----------|----------------|------------|
| Owner | Neighbor | Custodian | President |
| Spouse | Friend | Landlord | Management |
| Relative | Tenant | Bldg Mgr/Super | Employee |

VILLAGE OF MAMARONECK POLICE - ALARM SYSTEM INFORMATION FORM

POWER SOURCE: House Current Battery Backup Both

TYPE OF EMERGENCY SYSTEM DESIGNED TO PROTECT (Check all that apply)

Burglary Fire Carbon Monoxide Panic Medical Other _____ (Describe)

Alarm Installer/Service Co.

ALARM INSTALLERS MUST BE LICENSED BY NEW YORK STATE

Alarm Agent: _____ Phone: () -

Address:

City/Town/Village: _____ State: _____ Zip: _____

New York State License Number: _____ Expiration Date: _____

Monitoring Company (if different from above)

Name of Company: _____ Phone: () -

Address:

City: _____ State: _____ Zip: _____

Describe any information Emergency Services Personnel need to know about this premises, including any weapons, safe location, guard dogs, and/or night lights.

Give a complete and accurate description of protected premises, use landmarks, prominently displayed signs or any other information that will assist Emergency Services Personnel in locating the premises as quickly and safely as possible.

I, _____ the _____ of
(Owner, Agent, etc.)

(Address of Premises)

am familiar with the Regulations governing this permit for an alarm system as stated in Village of Mamaroneck Code Chapter 88 Alarm Devices & Systems.

Signed

Date

General Information

**BY LAW ALARM SYSTEMS CANNOT BE CONNECTED TO 911,
THEY MUST COME TO OUR DEPARTMENT OVER 777-7782**

FINE FOR FAILURE TO REGISTER ALARM: 1st Offense \$150.00
2nd Offense \$250.00
3rd and thereafter \$500.00

ANNUAL ALARM PERMIT FEE - \$25.00 RESIDENCE/BUSINESS
This years alarm billing will run from September 1 to August 31.

FEE SCHEDULE FOR FALSE ALARMS PER BILLING YEAR:

| Number of False Alarms | Charge | Number of False Alarms | Charge |
|------------------------|---------|------------------------|----------|
| 1 | 0.00 | 5 | \$100.00 |
| 2 | 0.00 | Each after 5 | \$200.00 |
| 3 | \$25.00 | Each after 10 | \$500.00 |
| 4 | \$50.00 | | |

- The following information must be included by the Alarm Company when reporting an activated alarm to the police desk (It is your responsibility to notify your Alarm Company of your Permit Number).
 - Alarm Permit number (Permit number listed on application)
 - Name of Resident or Business
 - Address of alarm
 - The area of activation
 - Type of alarm

***FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN SUSPENSION
AND/OR REVOCATION OF YOUR ALARM PERMIT***

- If you have an activated alarm, the police department will respond. If the premise is not secure, we will attempt to notify a contact. If none is available, we will enter the premise to investigate the activation and secure the premise as best as possible upon our departure.
- The Village of Mamaroneck does not take the responsibility of notifying you of an activated alarm. Make sure that your Alarm Company or Central Station has been instructed to notify you if they receive an alarm activation.
- Return this registration/application form to:
Alarm Administrator
Village of Mamaroneck Police Department
169 Mt. Pleasant Ave., Mamaroneck, NY 10543
- Please make all payments payable to The Village of Mamaroneck.

Note: All monies received by this department for alarm fees and fines are deposited into the Village of Mamaroneck General Fund. The Village of Mamaroneck Police Department is only the Administrator of the Code.