



**CITY OF NEW ROCHELLE
NEW YORK**



ALARM UNIT

New Rochelle Police Department, 475 North Avenue, New Rochelle, NY 10801-3405
914-654-2240

BUSINESS ALARM USER PERMIT APPLICATION

Please print or type (*all questions must be filled out*)

Required information is in **BOLD**

1. **Business Name:** _____
2. **Business Address:** _____
3. **Business Telephone Number:** _____
4. **Block Number:** _____ **Lot Number:** _____
5. **Applicant:**
 - a. **Name:** _____
 - b. **Home Address:** _____
 - c. **Telephone Number:** _____
6. **Property Owner (if not applicant):**
 - a. **Name:** _____
 - b. **Address:** _____
 - c. **Telephone Number:** _____
7. **Alarm Company Name:** _____
 - a. **Alarm Co. Address:** _____
 - b. **Alarm Co. Telephone Number:** _____
 - c. **State Permit Number:** _____
8. **Alarm Company who monitors the Alarm (Central Station):** _____
 - a. **Address:** _____
 - b. **Telephone Number:** _____
9. **Name of those responsible in case of an emergency (Key Holder):**
(*Additional names may be added on the reverse side of this form*)
 - a. **Name:** _____ **Telephone Number:** _____
 - b. **Name:** _____ **Telephone Number:** _____
 - c. **Name:** _____ **Telephone Number:** _____

Please return form to:
New Rochelle Police Department, Records Unit
475 North Avenue, New Rochelle, NY 10801-3405
or email: alarms@newrochelleny.com