



# CITY OF NEW ROCHELLE NEW YORK



## ALARM UNIT

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

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### RESIDENTIAL ALARM USER PERMIT APPLICATION

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

*Required information is in **BOLD***

1. **Full Name of Applicant:** \_\_\_\_\_
2. **Applicant Home Address:** \_\_\_\_\_
3. **Applicant Home Telephone Number:** \_\_\_\_\_
4. **Block Number:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_
5. **Property Owner (if not applicant):**
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Telephone Number: \_\_\_\_\_
6. **Alarm Company Name:** \_\_\_\_\_
  - a. **Alarm Co. Address:** \_\_\_\_\_
  - b. **Alarm Co. Telephone Number:** \_\_\_\_\_
  - c. State Permit Number: \_\_\_\_\_
7. **Alarm Company who monitors the Alarm (Central Station):** \_\_\_\_\_
  - a. **Address:** \_\_\_\_\_
  - b. **Telephone Number:** \_\_\_\_\_
8. **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](mailto:alarms@newrochelleny.com)**