

ALARM REGISTRATION APPLICATION

Inc. Village of East Hampton
86 Main Street
East Hampton, NY 11937
631-324-0763

ALARM REGISTRATION FEE: \$50.00

Official Use Only: Registration # Issued: _____ Date Issued: _____ Fee Received: _____

All Registrations Expire Annually Dec. 31st

Return this form and your check made out to:
INC. VILLAGE OF EAST HAMPTON

INSTRUCTIONS

Please answer **ALL** questions in full. Please include any additional information pertaining to your alarm system. Errors, misstatements or omission of facts will be cause for refusal or revocation of this alarm permit.

Application for: Burglar Fire
If premise has a key box Location of key box _____
Name of Applicant: _____
Address of Alarm: _____
(Street address and apartment or suite no.)

Mailing Address if different from above: _____

Telephone # _____ Type: Home/ Work / Cell
(East Hampton)
Telephone # _____ Type: Home/ Work / Cell
(Out of Town) _____

Type of Alarm Site: Residence Non-Residence/Business
(Check applicable)
Alarm Company: _____ Telephone no: _____

Please list individuals that have agreed to respond and grant access to the alarm site:

- 1: Name: _____
Address: _____
Telephone no: _____ Cell: _____
- 2: Name: _____
Address: _____
Telephone no: _____ Cell: _____