# BROOME COUNTY ALARM PERMIT APPLICATION

**PROPERTY LOCATION:** _____
**PROPERTY MAILING ADDRESS:** _____

## Business Property

Name of Business: _____ Bus. Phone: _____
Type of Business: _____ Seasonal: Y___ N___
Name of Business Owner: _____Home Phone: _____
Mailing Address: _____

## Residential Property

Type: Single Family Home: _____ Two Family Home: _____ Multi-Family Home: _____
Property Owner Name: _____ Phone: _____
Mailing Address if Different: _____

## Alarm Company/Monitoring Service

Company Name: _____
Type of Alarm Relay: Auto/Digital _____ To: _____
Leased Line Monitoring: _____
Municipal Alarm System (Box Alarm): _____ No.: _____
Local Alarm Only _____
Audible Signal? Y___ N___ Automatic Silence: Y___ N___

## Burglar/Intrusion Alarm Systems (Check all that apply)

Type of Devices: Perimeter/Door/Window: _____ Motion: _____ Glass Break: _____
Panic/Hold-Up: _____ other (describe): _____
Dog/s on Premises: _____

## Fire Alarm Systems (Check all that apply)

Type of Devices: Smoke Detector/s: _____ Heat Detector/s: _____
Automatic Fire Sprinkler System: _____ Type: Dry: _____ Wet: ____
Fire Dept. Connection Location: _____
Other Extinguishing Systems: Type: _____ Location: _____

## Contact/Key Holder Information

**Key Box Located on Premises:** Y___ N___

Contact 1: Name: _____ Ph 1: _____ Ph 2: _____
Contact 2: Name: _____ Ph 1: _____ Ph 2: _____
Contact 3: Name: _____ Ph 1: _____ Ph 2: _____
Contact 4: Name: _____ Ph 1: _____ Ph 2: _____

**Medical Alarm:** Y_____ **N**_____ **Patient Name:** _____
**Other Information:** _____

**SIGNATURE:** _____ **DATE:** _____

***Mail completed form to*:** **Broome County Sheriff's Office**
**155 Lt. VanWinkle Drive (Attn: Nancy Cole)**
**Binghamton, NY 13905 or fax to 607-778-2921**
**Or email to NCole@co.broome.ny.us**
**Questions please call 607-778-6543**

Permit #_____