

Town of
NEW CASTLE POLICE DEPARTMENT

Alarm Device Registration Application

Date Issued:

Permit #:

The Town of New Castle Code, Chapter 38 requires New Castle property owners to register their burglary, fire or panic alarms. Completion of this form and payment of the registration fee of **\$25.00** is required to register an alarm system.

Please check appropriate box: **Residential** **Commercial**

PART A: RESIDENT INFORMATION

Alarmed Premise

Registrant Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone #: () _____

Are You the owner of this property? Yes No

Mailing address (if different from above): _____

PART B: ALARM/COMPANY INFORMATION

Monitoring Company Name: _____

Type of system (check all that apply): Burglar Panic Fire Other _____

PART C: EMERGENCY NOTIFICATION INFORMATION

Homeowners Cell Phone: _____

Contact Persons (Contact should have access to the residence and alarm system. The contact may be called to respond to the residence)

1. Name _____	Home Phone: () _____	Work Phone: () _____
2. Name _____	Home Phone: () _____	Work Phone: () _____
3. Name _____	Home Phone: () _____	Work Phone: () _____

- New York State Law requires that your alarm installer be licensed with the State of New York. You can verify a license by calling (518) 474-4429 or via the internet at <http://www.dos.state.ny.us/lcns/licensing.html>
- Any changes to the above information should be reported to the Chief of Police in writing.
- If your fire or panic alarm is activated and no emergency key holder can be contacted – we will enter your home to investigate
- The New Castle Police Department is not responsible to notify you of alarm activation

Fee schedule for false alarms per calendar year

Burglar Alarm: 1st free, 2nd \$25, 3rd \$50, 4th \$75, 5th and each additional \$100 each

Fire Alarm: 1st \$25, 2nd \$50, 3rd \$100, 4th \$250, 5th and each additional \$500 each

The information on this form is true and correct. I am familiar with the New Castle Alarm Ordinance (Town Code Chapter 38). I agree to abide by this law. I am aware of the false alarm charges.

Print Applicant's Name

Signature

Date

***Return application form and payment (check or moneyorder
made out to "New Castle Police Department") to***

Alarm Coordinator, 200 South Greeley Avenue, Chappaqua, NY 10514

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