

**Police Department
Town of Stony Point
79 Route 210
Stony Point, New York 10980
845-786-2422
845-786-3120 fax
www.stonypointpd.org**

ALARM SYSTEM APPLICATION

Name: _____
Last First MI

Address: _____ DOB: _____

Home Phone #: _____ Cell: _____ Work: _____

If premise alarm is other than above listed address than give said address:

Address: _____ P/N: _____

ALARM COMPANY INFORMATION

Name of Alarm Co: _____ P/N: _____

Address: _____

Central Station Phone Number: _____

Alarm Company Emergency Contact: _____

Type of Alarm: () Burglary () Hold-UP () Fire () Panic

Alarm is: () Silent () Audible – Internal/External – () Both

Alarm Style: () Motion Detectors () Glass Break () Fire Detectors

() Door/Window/Contacts () Screens

Where Located: _____

PERSONS TO NOTIFY IF OWNER CANNOT BE REACHED AT RESIDENCE

Name: _____ DOB: _____ P/N: _____

Address: _____ Cell P/N: _____

Name: _____ DOB: _____ P/N: _____

Address: _____ Cell P/N: _____

LIST ALARM CO PROCEDURE WHEN ALARM IS ACTIVATED

Is Home Owner Notified? Y ___ or N ___ Before or After Police/Fire: Before ___ or After ___

Who is their Emergency Contact: _____

Other Pertinent Information: _____

~~~~~ALL INFORMATION IS HELD IN STRICT CONFIDENCE~~~~~

**PLEASE RETURN AS SOON AS POSSIBLE TO STONY POINT POLICE DEPARTMENT**