## VILLAGE OF PERRY 46 NORTH MAIN STREET PERRY, NY 14530 PHONE: 585-237-2216

FAX: 585-237-5975

YOUR ALARM SYSTEM:  NAME: ADDRESS: DAYTIME PHONE: NIGHT CELL  4. PLEASE NAME ONE OR MORE PERSONS WHO CAN BE REACHED AT ANYTIME AND	PERMIT NO		PLEASE PRINT CLEARLY		
ADDRESS: DAYTIME PHONE: NIGHT CELL LOCATION OF ALARM SYSTEM IF NOT INSTALLED AT ABOVE ADDRESS: NAME OF BUSINESS: ADDRESS: TELEPHONE: NIGHT CELL  2. TYPE OF ALARM SYSTEM OR SYSTEMS: FIRE SECURITY OTHER  3. NAME OF ALARM BUSINESS WHO MONITORS, RESPONS TO, INSPECT OR MAINTAIN YOUR ALARM SYSTEM: NAME: ADDRESS: DAYTIME PHONE: NIGHT CELL  4. PLEASE NAME ONE OR MORE PERSONS WHO CAN BE REACHED AT ANYTIME AND WHO ARE AUTHORIZED BY THE OWNER TO OPEN THE PREMISES WHEN AN ALARM HAS BEEN ACTIVATED: A. NAME: ADDRESS: DAYTIME PHONE: NIGHT CELL  B. NAME: ADDRESS: DAYTIME PHONE: NIGHT CELL  5. THE VILLAGE OF PERRY'S LOCAL LAW GOVERNING ALARM SYSTEMS REQUIRES CERTAIN NOTIFICATION TO BE MADE TO THE OWNER OF THE SYSTEM BY MAIL. TO WHOM SHOULD THESE NOTICES BE MAILED? NAME: ADDRESS:		ALARM	M SYSTEM PERMIT APPLI	CATION	
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APPLICANT SIGNATURE

DATE