

**CITY OF KINGSTON  
POLICE DEPARTMENT  
1 GARRAGHAN DRIVE  
KINGSTON, NEW YORK 12401**

**APPLICATION FOR PERMIT TO INSTALL ALARM SYSTEM**

**OWNER OF ALARM SYSTEM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

**INSTALLER**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons (other than owner) who can be contacted to respond to the premises where system is located on a 24 hr a day basis. (list at least 2, if there are more add them on back.)

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**TYPE OF SYSTEM AND WHERE LOCATED ON PREMISES**

\_\_\_\_\_

There is an original application fee of **\$40.00** (forty dollars) **CHECK OR MONEY ORDER ONLY**. The Chief of Police shall have the right, if contact person is unavailable to respond, to do either of the following: disconnect the system itself, if possible; or contact the installer to disconnect the system. The Chief also has the right at reasonable times, to inspect the alarm system. A bill is rendered for every false alarm over 3 per year at \$50.00 each.

\_\_\_\_\_  
Signature of owner of alarm system

\_\_\_\_\_  
Please print name here

\_\_\_\_\_  
Date