



Stanley H. Kellerhouse Municipal Building
One Van Wyck Street
Croton-on-Hudson, NY 10520-2501
Phone: 914-271-4781

PROPERTY OWNER AUTHORIZATION FORM

Date _____

The Village of Croton-on-Hudson is in receipt of an alarm permit application from:

Business or Resident Name _____

Property Address _____

As the Property Owner, please read the statement below, sign and return it to the applicant.

I acknowledge , as the owner of _____, liability for any and all fines incurred by the lessee of this property in connection with the alarm permit. I understand that I will be responsible for any charges due the Village of Croton-on-Hudson that are not paid by the tenant.

Signature _____

Print Name _____

Contact Phone Number _____

Email Address _____