



ALARM SYSTEM REGISTRATION

VILLAGE OF WESTHAMPTON BEACH
165 MILL ROAD
WESTHAMPTON BEACH, NY 11978
(631) 288-1654

REGISTRATION FEE: \$100

1. Property Owner's Name: _____

2. Property Address/
Alarm Location _____

3. Mailing Address and/or
other address for owner _____

4. Telephone: _____
(preferred) (other)

5. If above is a business - Name of Business _____

6. If above is a corporation - Name given to alarm company _____

7. Is Above Property a Rental? (Circle one) Yes/ No If yes, circle type: Residence / Business

If yes to above question - _____
Tenant Name & Address

8. Name/Address of Party Responsible for False Alarm Bill:

(Name)

(Address)

9. Name of Alarm Company (central station): _____

Contact telephone numbers for above Alarm Company (24 hrs a day-please include area codes)

Day _____ Night _____ Other _____

10. Name(s) of a caretaker or responsible party to respond to the above alarm location in the event of a malfunction/emergency to gain access to the interior of the building.

1.) _____
(name) (cell phone) (other contact number)

2.) _____
(name) (cell phone) (other contact number)

11. Any other information you would want the police department to be aware of pertaining to the above alarm location: (ie: guard dog, gated property, neighbor with key, flag lot, description of the house etc.)

Please Note: We will bill any party, but property owner is responsible for any false alarm fees incurred and not paid as well as the application fee, this will be added to your tax bill regardless of whether we receive an application.

Date

Signature of Applicant