POLICE DEPARTMENT
VILLAGE OF IRVINGTON
85 Main Street
Irvington, New York 10533
(914) 591-8080

ALARM PERMIT REGISTRATION FORM

Please return the completed form to Police Headquarters. You will be issued an Alarm Decal, which must be displayed near your front door.

Part 1: To be completed by Home/Business Owner

Date: _____ Type of Property: Residential or Business

Home/Business Owner (1) Name: _____ Cell #: _____
Home/Business Owner (2) Name: _____ Cell #: _____
Business Name (if applicable): _____
Address: _____

Type of Alarm: □Burglar □Fire □Panic □Other:_____

Main Alarm Panel & Box Location: _____
Alarm Company Name: _____ Phone #: _____
Alarm Company Address: _____ ID #: _____

Monitoring Company (if different): _____ Phone #: _____
Monitoring Company Address: _____ ID #: _____

If Home/Business Owner cannot be reached, please list 3 additional contacts:
Name: _____ Relationship: _____
Phone Number: _____
Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Relationship: _____
Phone Number: _____
Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Relationship: _____
Phone Number: _____
Address: _____ City: _____ State: ____ Zip: _____

Closest Relative to contact in case of family emergency:
Name: _____ Relationship: _____
Phone #: _____
Address: _____ City: _____ State: ____ Zip: _____

Guard Dog: □Yes □No Safe: □Yes □No Location of Safe: _____
Weapons on Site: □Yes □No Type and Location of Weapons: _____

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Night Lights: ☐Yes ☐No Location: _____
Business Hours (if applicable): _____
Hazards: _____
Additional Comments: _____
_____

Property Owner Signature: _____

Part 2: To be completed by IPD

Alarm Permit Number: _____ Issued Date: _____ Issued By: _____