



TOWN OF EAST HAMPTON

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East Hampton, New York 11937
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Montauk Annex
Phone & Fax (631) 668-5081

APPLICATION FOR PERMIT TO INSTALL, MODIFY, OR OPERATE AN EMERGENCY ALARM SYSTEM

Date Received _____

Permit # Issued _____

PLEASE ANSWER ALL QUESTIONS IN FULL. Please include any additional information pertaining to your alarm system. Mis-statements of these facts will be cause for refusal or immediate revocation of this alarm permit.

CHECK WHICH APPLY:

BURGLAR ALARM

FIRE ALARM

IF FIRE ALARM NAME OF FIRE DISTRICT YOU ARE SERVICED BY: _____

NAME: _____

ADDRESS: _____
(local property address)

MAILING: _____
(out of town address)

TELEPHONE #'S: (LOCAL) _____ (OUT OF TOWN) _____

EMERGENCY NAME/S & TELEPHONE #'S: _____

NAME & ADDRESS OF CARETAKER/WATCHMAN: _____

TELEPHONE # _____

NAME/S OF COMPANY/S SELLING, INSTALLING AND/OR MODIFYING ALARM DEVICE: _____

Location of switch to silence an audible alarm device's bell or whistle. _____

WHAT IS THE COMPANY'S NAME & ADDRESS CONTRACTED TO SERVICE YOUR EMERGENCY ALARM SYSTEM? _____

DATE: _____ SIGNATURE: _____