

**APPLICATION FOR ALARM SYSTEM PERMIT**

**TOWN OF LOWELL**

Date of application: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of residence or business in or upon which the alarm system has or will be installed, if different from above:

\_\_\_\_\_ Telephone: \_\_\_\_\_

Type of alarm system:

\_\_\_\_\_ Local \_\_\_\_\_ Burglar Signaling \_\_\_\_\_ Fire Signaling  
\_\_\_\_\_ Hold up Signaling \_\_\_\_\_ Other

Comments: \_\_\_\_\_

Alarm equipment vendor selling, installing, monitoring, inspecting, responding to and/or maintaining alarm system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The name and telephone number of at least two (2) other persons (in case of a corporate alarm user applicant) and at least three (3) persons who can be reached at any time, day or night, and who can open the premises in which the system is installed:

a. \_\_\_\_\_  
Name Telephone

b. \_\_\_\_\_  
Name Telephone

c. \_\_\_\_\_  
Name Telephone

d. \_\_\_\_\_  
Name Telephone

**The alarm user shall provide updates when changes occur in the contact person.**

The Clerk-Treasurer and Police Chief shall approve such application if the applicant has provided the information required on this form. The Alarm System Permit is renewable annually on or before January 15th of each subsequent calendar year.

Approved by: \_\_\_\_\_

Disapproved (reason): \_\_\_\_\_

Date: \_\_\_\_\_