

**KEENE POLICE DEPARTMENT
ALARM PERMIT APPLICATION**

Name of Alarmed Premise: _____

Address: _____

Business Tel. Number: _____

Alarm Company: _____ Tel. #: _____

Type of Alarm: [] Police [] Fire [] Both

Type of Place: [] Business [] Residence

Property Owner: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Persons to be called in the event the alarm activates when the premise is vacated.

[] Check here if property owner should be contacted first.

Primary Contact: _____

Address: _____

Tel. Number: _____ Business/Cell Number: _____

Alternative Contact: _____

Address: _____

Tel. Number: _____ Business/Cell Number: _____

Alternative Contact: _____

Address: _____

Tel. Number: _____ Business/Cell Number: _____

Additional contacts or other comments may be attached to this form.