Chautauqua County Sheriff's Office

APPLICATION FOR ALARM USER PERMIT

SD-226 (1/04)

Name of Applicant (Company/Individual): _____

Mailing Address to which notices should be sent:

Name _____

Address _____

_____

Physical Address of Alarm: _____

_____

Telephone Number:

Home _____ Cell _____

Type of Alarm (check all that you subscribe to): ☐ Burglar ☐ Robbery or Panic ☐ Fire ☐ Waterflow ☐ Emergency/Medical ☐ Other: _____

_____

Is the alarm connected directly to a 911 Emergency Operations Center? ☐ Yes ☐ No

Does the alarm system use an automatic dialer or a private answering point? (If private, where does it ring into?)

☐ Private Alarm ☐ Automatic Dialer

Is the alarm system connected directly to the Chautauqua County Sheriff's Office: ☐ Yes ☐ No

Is the alarm system already installed? ☐ Yes ☐ No

Name of Alarm Company: _____ Phone: _____

Name of one or more persons who can be reached at any time and who are authorized by the owner of the premises in which the alarm system is installed to open the premises and secure the alarm:

#1. _____

Address _____

_____

Home Phone _____

Cell Phone _____

Work Phone _____

#2. _____

Address _____

_____

Home Phone _____

Cell Phone _____

Work Phone _____

#3. _____

Address _____

_____

Home Phone _____

Cell Phone _____

Work Phone _____

#4. _____

Address _____

_____

Home Phone _____

Cell Phone _____

Work Phone _____

OFFICE USE ONLY: **PERMIT NUMBER:** _____

Date Filed: _____ Date Issued: _____

Amount Received: _____ By: _____

Mail completed form and a $25 check or money order, payable to the Chautauqua County Sheriff's Office, to:

Attention: Alarm Records
Chautauqua County Sheriff's Office
15 E. Chautauqua Street
P.O. Box 128
Mayville, NY 14757·0128