



**City of Peekskill
Police Department
Administrative Division**

2 Nelson Avenue
Peekskill, NY 10566
Phone (914) 737-8000
Fax (914) 737-1446

*****READ ENTIRE PACKET BEFORE FILLING OUT*****

ANNUAL ALARM PERMIT FEE:

Please remit payment of
\$40.00/residence or \$70.00/business
made payable to The City of Peekskill

The following items are included in this packet:

- A. An Alarm Permit Application
- B. An Alarm System Information Form
- C. Page 5 – A General Information Sheet
- D. A copy of The City of Peekskill City Code § 105 entitled *Alarm Systems*

Please fully complete and return annual alarm permit fee, items A & B, Alarm Permit Application (pages 2 & 3) and the Alarm System Information Form (page 4) as soon as possible. You may either mail or fax the completed forms to the above address. The remainder of the items; C, and D you may keep for reference and information. Once your application is received and processed by this department, you will then receive a receipt with your permit number from us.

Also, if you contact your alarm service provider, they may be able to be of assistance in completing the form and fulfilling this requirement.

Please feel free to contact this department if we may be of further service to you.



**City of Peekskill
Police Department
Administrative Division**

2 Nelson Avenue
Peekskill, NY 10566
Phone (914) 737-8000
Fax (914) 737-1446

ALARM PERMIT APPLICATION

For Office Use Only

PERMIT #: _____

ISSUE DATE: _____

*****READ ENTIRE PACKET BEFORE FILLING OUT*****

OWNER INFORMATION:

Name _____ D.O.B. ____/____/____ M / F

Home Address: _____
Street Apt# /Suite
City/Town State Zip

Phone #1: (____)____-____ Type: Home / Work / Cell / other _____

Phone #2: (____)____-____ Type: Home / Work / Cell / other _____

Phone #3: (____)____-____ Type: Home / Work / Cell / other _____

ALARM LOCATION: ☐ **Residence** ☐ **Business**

Address of Protected Premises: _____
(EXACT ADDRESS PLEASE-NO PO BOX): Number Street Name (If used) Floor/Suite/Unit/Apt #

Phone Number of Protected Premises: (____)____-____

Mailing Address (If Different From Above): _____

Type of Residence:

☐ Single Family House ☐ Multi-Family House ☐ Condo/Townhouse ☐ Apartment Complex

Type of Business:

☐ Office ☐ Warehouse ☐ Retail Sales ☐ Restaurant/Deli ☐ Other _____

Business Name: _____

* If new business, please indicate what business was previously at this location: _____

CONTACTS:

**Contact persons should be family, friends, or neighbors who can either access your premises and/or disable your alarm in case of an emergency; or be able to contact you.*

Call 1: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/owner: _____ Key Holder? Y/N

Phone #1: (____)____-____ Type: Home / Work / Cell / other _____

Phone #2: (____)____-____ Type: Home / Work / Cell / other _____

Phone #3: (____)____-____ Type: Home / Work / Cell / other _____

Call 2: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/owner: _____ Key Holder? Y/N

Phone #1: (____)____-____ Type: Home / Work / Cell / other _____

Phone #2: (____)____-____ Type: Home / Work / Cell / other _____

Phone #3: (____)____-____ Type: Home / Work / Cell / other _____

Call 3: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/owner: _____ Key Holder? Y/N

Phone #1: (____)____-____ Type: Home / Work / Cell / other _____

Phone #2: (____)____-____ Type: Home / Work / Cell / other _____

Phone #3: (____)____-____ Type: Home / Work / Cell / other _____

Examples of Relationships:

Owner

Neighbor

Custodian

President

Spouse

Friend

Landlord

Management

Relative

Tenant

Bldg Mgr/Super

Employee

ALARM SYSTEM INFORMATION

POWER SOURCE: ☐ House Current ☐ Battery Backup ☐ Both

TYPE OF EMERGENCY SYSTEM IS DESIGNED TO PROTECT (Check all that apply)

☐ Burglary ☐ Fire ☐ Carbon Monoxide ☐ Panic ☐ Medical ☐ Other _____ (Describe)

Alarm Installer/Service Co.

ALARM INSTALLERS MUST BE LICENSED BY NEW YORK STATE

Alarm Agent:	Phone: () -
--------------	--------------------

Address:

City/Town/Village:	State:	Zip:
--------------------	--------	------

New York State License Number:	Expiration Date:
--------------------------------	------------------

Monitoring Company (if different from above)

Name of Company:	Phone: () -
------------------	--------------------

Address:

City:	State:	Zip:
-------	--------	------

Describe any information Emergency Services Personnel need to know about this premises, including any weapons, safe location, guard dogs, and/or night lights.

Give a complete and accurate description of protected premises, use landmarks, prominently displayed signs or any other information that will assist Emergency Services Personnel in locating the premises as quickly and safely as possible.

I, _____ the _____ of
(Owner, Agent, ect.)

(Address of Premises)

am familiar with the Regulations governing this permit for an alarm system as stated in Chapter 105 of the City Code of the City of Peekskill, dated April 19, 1996 as amended.

Signed

Date

General Information

**BY LAW ALARM SYSTEMS CANNOT BE CONNECTED TO 911,
THEY MUST COME TO OUR DEPARTMENT OVER 737-8000**

FINE FOR FAILURE TO REGISTER ALARM \$250.00

FEE SCHEDULE FOR FALSE ALARMS PER CALENDAR YEAR:

ANNUAL ALARM PERMIT FEE - \$40.00/RESIDENCE OR \$70.00/BUSINESS

- FISCAL YEAR RUNS 6/30 – 7/1

	<u>Charge</u>
First False Alarm	No Charge
Second False Alarm	No Charge
Third False Alarm	No Charge
Fourth and Each Subsequent False Alarm	\$125.00

1. If you have a **panic, fire, or medical alarm and it is activated**, the police department will respond. If no-one answers the door, we will attempt to notify a key holder. If none is available, we will enter the premises to investigate the alarm.
2. The City of Peekskill does not take the responsibility of notifying you of an alarm.

Make sure that your Alarm Company or Central Station has been instructed to notify you if they received an alarm activation.

3. Return this registration/application form to:

**Alarm Administrator
City of Peekskill Police Department
2 Nelson Avenue
Peekskill, NY 10566**

4. Please make all payments payable to The City of Peekskill.

Note: All monies charged under this City Code are deposited in the City of Peekskill General Fund. The City of Peekskill Police Department is only the Administrator of the Code.