



# 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

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## ALARM PERMIT APPLICATION

For Office Use Only

PERMIT #: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

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### 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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**Examples of Relationships:**

Owner	Neighbor	Custodian	President
Spouse	Friend	Landlord	Management
Relative	Tenant	Bldg Mgr/Super	Employee

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## ALARM SYSTEM INFORMATION

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POWER SOURCE:	<input type="checkbox"/> House Current	<input type="checkbox"/> Battery Backup	<input type="checkbox"/> Both
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TYPE OF EMERGENCY SYSTEM IS DESIGNED TO PROTECT (Check all that apply)

Burglary  Fire  Carbon Monoxide  Panic  Medical  Other \_\_\_\_\_ (Describe)

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**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:

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**Monitoring Company (if different from above)**

Name of Company:	Phone: (      )      -
Address:	
City:	State:      Zip:

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

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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.

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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.

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Signed

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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
<b>Fourth and Each Subsequent False Alarm</b>	<b>\$125.00</b>

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.