

THIS FORM MUST BE RETURNED TO THE BLDG. DEPT. WITHIN 10 DAYS OF RECEIPT



Alarm Device Registration/Renewal Form

This registration form is confidential. The information contained herein cannot be disclosed without your written permission. Please complete this annual alarm registration form, attach a \$25.00 check payable to "Town of Ossining" and mail to: **Town of Ossining Building Department**

Phone No.
914-762-8419

**P.O. Box 1166 - 101 Route 9A
Ossining, NY 10562**

Name: _____

Address: _____

Home Phone: _____ Business Phone _____

Email address: _____

Residential () Commercial () Owner () Occupant ()

Type: Burglar () Fire () Panic () Medical () Carbon Monoxide () Smoke ()

Type of Monitoring: Central () Audible ()

Company Installing and/or monitoring Alarm:

Name: _____

Address: _____

Phone: _____ License#: _____

Emergency Contacts: (persons authorized to enter premises in an emergency)

Name: _____ Phone: _____

Name: _____ Phone: _____

Billing Contact:

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

REGISTRATION VALID: 01/01/18 – 12/31/18

--Office Use Only --

SBL: _____

Date Received: _____

Permit No: _____

Check No.& Amount _____