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POLICE DEPARTMENT, COUNTY OF NASSAU, N.Y.
APPLICATION FOR ALARM SYSTEM PERMIT

PDCN 355 - REV. 7/00

FOR OFFICIAL USE ONLY	EXPIRATION DATE	FEE	PERMIT NO.
<input type="checkbox"/> RESIDENCE ALARM ADDRESS: NO. STREET <input type="checkbox"/> BUSINESS			
SUITE NO.		TOWN/VILLAGE	ZIP CODE
NEAREST CROSS STREET TO ALARM		HOME PHONE NO.	BUSINESS PHONE NO.
PERMIT HOLDER		TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> PREVIOUSLY REVOKED <input type="checkbox"/> RENEWAL	
BUSINESS NAME			
TYPE OF ALARM (Check all that apply) <input type="checkbox"/> AUDIBLE <input type="checkbox"/> BURGLARY <input type="checkbox"/> PERSONAL <input type="checkbox"/> ROBBERY <input type="checkbox"/> VISUAL <input type="checkbox"/> PANIC <input type="checkbox"/> SILENT <input type="checkbox"/> OTHER			
MAILING ADDRESS IF DIFFERENT THAN ALARM ADDRESS: NO. STREET		TOWN/VILLAGE	ZIP CODE
EMERGENCY 1 LAST NAME <i>(Not permit holder)</i>		HOME PHONE NO.	BUSINESS PHONE NO.
HOME ADDRESS: NO. STREET		TOWN/VILLAGE	ZIP CODE

EMERGENCY 2 LAST NAME <i>(Not permit holder)</i>		HOME PHONE NO.	BUSINESS PHONE NO.
HOME ADDRESS: NO. STREET		TOWN/VILLAGE	ZIP CODE
CENTRAL MONITORING ALARM COMPANY	NAME		PHONE NO.
	ADDRESS		

APPLICATION INSTRUCTIONS

- Type or print legibly. Do not alter application in any way. See "Information Pamphlet" for fee schedule.
- Please note this application is not for a Fire Alarm.
- Payment to be check or money order made payable to "Nassau County Police Department"
- Mail payment and application to: Nassau County Police Department, Records Bureau - Alarm Permits, 1490 Franklin Avenue, Mineola, New York 11501

I understand that any false statements made in this application shall be sufficient cause for refusal to issue a permit, and that it is my responsibility to notify the Police Department in writing of any changes of information on this permit.

SIGNATURE

DATE