

Gilford Police Department

Chief of Police
Anthony J. Bean Burpee



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ALARM PERMIT APPLICATION

Permit #: _____ Date: _____

DISPATCH CENTER LOCATION: Gilford Police Department, 47 Cherry Valley Road, Gilford, NH 03249

The following application must be filled out completely prior to a permit being issued. All information must be current. It is the applicant's responsibility to ensure all information is kept up to date at the Gilford Police Department.

APPLICANT: _____ **INSTALLED or MAINTAINED BY:** _____

Name: _____

Alarm Address: _____

Company: _____

Mailing Address: _____

Address: _____

Tel. #: _____

Tel. #: _____

TYPE OF ALARM:

FIRE INTRUSION HOLD-UP/PANIC/AMBUSH OTHER

ALARM RESPONDER(S) / CONTACT(S):

1. Name: _____ TEL. #: DAY: _____ EVE: _____

2. Name: _____ TEL. #: DAY: _____ EVE: _____

3. Name: _____ TEL. #: DAY: _____ EVE: _____

4. Name: _____ TEL. #: DAY: _____ EVE: _____

DETECTION AREA(S): _____

RESET LOCATION(S): _____

DIRECTIONS TO RESIDENCE: _____

***** No installation shall be made until application approved by Chief of Police. *****

APPLICANT SIGNATURE: _____

CHIEF OF POLICE SIGNATURE: _____

Date

Date