



GILFORD POLICE DEPARTMENT

Kristian J. Kelley
Chief of Police

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