

# GOFFSTOWN POLICE DEPARTMENT

326 MAST ROAD, GOFFSTOWN, NH 03045-2428 (603) 497-4858

## PERMIT APPLICATION

### **RESIDENTIAL EMERGENCY ALARM DEVICE OR SYSTEM**

**PLEASE PRINT ALL INFORMATION CLEARLY  
AND FILL OUT APPLICATION COMPLETELY**

Date of Application: \_\_\_\_\_  Original  Renewal

**Name of User #1:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_

Other \_\_\_\_\_

**Name of User #2:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_

Other \_\_\_\_\_

Users' Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

TYPE(S) OF PROTECTION OFFERED BY THE ALARM SYSTEM:

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> Burglar         | <input type="checkbox"/> Hold Up | <input type="checkbox"/> Fire* (*=see note below) |
| <input type="checkbox"/> Utilities       | <input type="checkbox"/> Panic   | <input type="checkbox"/> Medical Emergency*       |
| <input type="checkbox"/> Other (specify) | _____                            |   |

**\*NOTE: If you have a fire and/or medical emergency alarm, you MUST apply for an alarm permit from the Goffstown Fire Department (497-3619).**

Location of premises protected by the alarm (BE SPECIFIC):

\_\_\_\_\_

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Name, address and telephone numbers of THREE people who can respond with a house key and reset the alarm system:

#1.

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Name Address

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Home # Cell # Work #

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#2.

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Name Address

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Home # Cell # Work #

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#3.

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Name Address

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Home # Cell # Work #

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Name, address and phone number of the person or company who installed and/or maintains the system:

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Will the system re-set itself automatically after a certain period of time?  Yes  No

If yes, after how long? \_\_\_\_\_

Is there an audible signal (horn) that will sound when the alarm is activated?  Yes  No

Will the signal re-set itself automatically after a certain period of time?  Yes  No

If yes, after how long? \_\_\_\_\_

**ATTACH A DIAGRAM showing the interior and exterior of the premises. Indicate the location of the alarm panel, electric eyes, motion detectors, smoke detectors, horns, panic or hold-up buttons, etc.**

I certify that the above information is true to the best of my knowledge:

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Date

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Signature of Applicant/User #1

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DATE

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APPROVED BY

**\*\*\*NOTE: Nothing contained herein shall be construed so as to limit a receiving agency from terminating permission to connect an alarm for good cause. Good cause may include a specified number of false alarms.**

***TO VIEW THE TOWN ORDINANCE "EMERGENCY ALARM DEVICE/SYSTEM REGULATIONS", REFER TO WEBSITE: [www.goffstownpolice.com](http://www.goffstownpolice.com)***