

# NEW PALTZ POLICE DEPARTMENT

## ALARM SYSTEM REGISTRATION / EMERGENCY LISTING QUESTIONNAIRE

PERMIT NUMBER: \_\_\_\_\_

*(Please Print or Type all information)*

Today's Date: \_\_\_\_\_  
*(Please check one)* Business Registration \_\_\_\_\_ Residential Registration \_\_\_\_\_  
Name of Business or Homeowner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location (i.e. Cross Street, Landmark): \_\_\_\_\_  
Description of Business or Residence (i.e. style of building, color): \_\_\_\_\_  
Phone Number of Business or Residence: \_\_\_\_\_ If Business state type (i.e. toy store): \_\_\_\_\_

### **FOR BUSINESSES ONLY**

Check all applicable alarms: Burglar \_\_\_ Fire \_\_\_ Panic \_\_\_ Other(state) \_\_\_\_\_  
Owner(s)/Manager(s): \_\_\_\_\_ Home Phone(s): \_\_\_\_\_  
Emergency Notification if Owner/Manager is unavailable: (List in order to be called)  
Name #1 \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name #2 \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name #3 \_\_\_\_\_ Phone #: \_\_\_\_\_  
Normal Hours of Business: \_\_\_\_\_ Type of Alarm (i.e.: glass, motion) \_\_\_\_\_  
Alarm Monitoring Company: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Cash Register? \_\_\_ Location: \_\_\_\_\_ Safe? \_\_\_ Location: \_\_\_\_\_  
After hours maintenance? \_\_\_ Name: \_\_\_\_\_ Hours: \_\_\_\_\_  
Does Business Have a Rear Entry/Exit? Yes / No -If yes state type:(i.e. door, crawl space) \_\_\_\_\_

### **FOR PRIVATE RESIDENCES ONLY**

Check all applicable alarms: Burglar \_\_\_ Fire \_\_\_ Panic \_\_\_ Other(state) \_\_\_\_\_  
Alarm Monitoring Company: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
If residence is a rental, names of renters and phone number: \_\_\_\_\_  
\_\_\_\_\_  
Total number of tenants or sub-tenants occupying the premises: \_\_\_\_\_  
Emergency notification if you are unavailable:  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Misc. Information: (Include any information that may be pertinent to police/fire/rescue personnel): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL\*\*\***

**IN ORDER FOR YOUR PERMIT TO REMAIN VALID, THE NEW PALTZ POLICE DEPARTMENT MUST BE NOTIFIED BY THE OWNER OR OCCUPANT OF RESIDENCE OR BUSINESS WITHIN FIFTEEN(15) DAYS OF ANY CHANGE IN INFORMATION PROVIDED.  
PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO THE NEW PALTZ POLICE DEPARTMENT**