



TOWN OF GATES

Alarm Permit Application

PLEASE TYPE OR PRINT

Alarm Location: _____
Street No./Street Name City/ State Zip Code

Occupant Name: _____
Alarm User or Business

Telephone No. Work No. Cell Phone No. After Hours No.

Mailing address if different than above: _____
Street No./Street Name City/ State Zip Code

Office Use Only:	Permit # _____	Date Issued _____
	Expiration Date: April 30, 20____	Check # _____
	Clerk _____	Amount _____

Type of Alarm: Intruder Fire Medical Emergency Water Flow
Type of User: Residence Business Government Non-Profit Financial

Type of Business or Activity: _____

Hours of Operation: _____

Type of Alarm System: Central Station Bank Alarm Local Medical Emergency

System Monitored By: _____ Phone: _____

Contacts: Please name two persons, residing locally, who can be reached at any time and who are authorized by the owner to open the premises when an alarm has been activated.

- | | | | |
|--------------------|---------|------------|------------|
| 1. _____ | _____ | _____ | _____ |
| Name (First, Last) | Address | Home Phone | Cell Phone |
| 2. _____ | _____ | _____ | _____ |
| Name (First, Last) | Address | Home Phone | Cell Phone |

IF INFORMATION CHANGES, PLEASE NOTIFY THE CLERK'S OFFICE

Applicant: _____
Name (First, Last) Address Phone

Signature _____ Date _____

Initial Applicant Fee - \$25.00

Those purchasing new systems may register free if permit is obtained before installation.

Renewal Fees:
0 Avoidable Alarms – Free
1-3 Avoidable Alarms - \$25.00
plus \$50.00 each for Alarms 4-6
plus \$75.00 each for Alarms 7-9
plus \$100.00 each for Alarms 10+

Make check payable to: Town of Gates

Mail or deliver your completed application to:

Town of Gates
Town Clerk's Office
1605 Buffalo Road
Rochester, NY 14624

A copy of the Town of Gates Alarm Ordinance is available upon request or available at www.townofgatesny.gov