

*TOWN OF NARRAGANSETT
ALARM PERMIT*

TODAYS DATE _____
YEAR _____

PERMIT FOR _____

ALARM PERMIT HOLDER NAME _____

ADDRESS OF ALARMED PREMISE _____ PHONE _____

ALARM COMPANY NAME _____ PHONE _____

TYPE OF PREMISE: (Circle One) 1. Single Family 2. Business/Commercial 3. Condominium 4. Apartment

TYPE OF ALARM: (Circle One) 1. Audible Bell / Horn 2. Silent 3. Both Silent & Audible 4. Fire/Smoke

SERVICE PERSONNEL ALLOWED ON PROPERTY _____

PERSONS AT THIS LOCATION THAT MAY REQUIRE SPECIAL POLICE / MEDICAL ASSISTANCE? _____

POLICE CONTACTS; (List the order in which you would like person contacted)

Name Of Keyholder	Relation To Permit Holder	Home Phone	Work Phone	Other Phone

SPECIAL INSTRUCTIONS FOR RESPONDING OFFICER _____

ANY ANIMALS ON PREMISE? _____

YOUR MAILING ADDRESS & HOME PHONE _____

IS THIS ADDRESS OCCUPIED YEAR ROUND ? (Y/N) _____ IF "NO" , WILL YOU BE RENTING THIS PROPERTY TO ANOTHER PARTY OR SHOULD WE EXPECT IT TO BE VACANT? _____

APPROXIMATE DATES OF VACANCY? FROM _____ TO _____

***** CONTINUE ON BACK PAGE *****

ALARM PERMIT - (Continued)

EMERGENCY INFORMATION : (Please note the following shut-off locations)

GAS _____

ELECTRIC

WATER _____

ALARM _____

SPRINKLERS _____

HAZARD MATERIALS & WHERE STORED _____

AUTHORIZED SIGNATURE _____ DATE _____

GENERAL INFORMATION & PROVISIONS REGARDING ALARM PERMITS

** ALARM PERMIT FEE IS \$20.00 PER YEAR. - As per ordinance Chapter 392, Section 9B. (Please make checks payable to the Town Of Narragansett).

** ALL ALARMED LOCATIONS MUST SUBMIT AN ALARM PERMIT APPLICATION & FEE PER TOWN ORDINANCE. - See Chapter 392, Section 1-15 inclusive relating to alarm systems.

** RESPONSIBILITY OF PERMIT APPLICANT - It is the responsibility of the permit holder to update any or all information contained herein as it pertains to an alarmed location or reasons per ordinance for which this permit has been issued.

** TRANSFER OF THIS PERMIT IS PROHIBITED & MUST BE RENEWED YEARLY.

** FEE FOR FALSE ALARMS - A fee for false alarms over three (3) per year may be imposed as provided by Section 10 of the town ordinance of \$10.00 for each false alarm. Four (4) or more false alarms may constitute grounds for revocation or suspension of this permit, subject to the provisions of Section 10 of the town ordinance.

** A COPY OF THE ORDINANCE THAT GOVERNS THE ISSUE OF THIS PERMIT MAY BE OBTAINED AT THE NARRAGANSETT TOWN HALL 25 FIFTH AVE. NARRAGANSETT, RI 02882. DURING REGULAR BUSINESS HOURS.

** HAZARDOUS MATERIALS - Rhode Island State Law requires that the name & location of all hazardous materials will be disclosed to the police & fire departments. For questions regarding hazardous materials, please contact the Narragansett Fire Department at 401-789-1000.

OFFICE USE ONLY;

PERMIT # _____ DATE FEE PAID _____ # FALSE ALARMS _____

CI # _____ CHECK / M.O. # _____ FEE FOR FALSE ALARMS _____

PERMIT EXPIRES ON _____ NEW PERMIT SENT ON _____

