

CITY OF WARWICK
ALARM APPLICATION
99 VETERANS MEMORIAL DR
WARWICK, RI 02886
ph.401-468-4341 fax 468-4342

Alarm Permit # _____

(alarm permit assigned by Police Dept.)

Residential ___ Commercial ___ **Electrical Permit #** _____

Name of Home Owner, Business Owner or person legally responsible for

the alarm system: _____ DOB ___/___/___

Name of Business (if applicable): _____

Home or Business Telephone #: _____

Address where alarm is installed:

Mailing or billing address if different from above:

List all telephone numbers where the owner or user can be contacted.
(please include cell number, if applicable)

Owners name: _____

Home phone/cell _____

Managers Name: _____

Home phone/cell _____

over

****Secondary Contact Person**** refers to a person who can be contacted and **will** respond to the premises in the even of an emergency, or to reset or deactivate the alarm system, or who would contact the alarm users if the alarm user is not at the protected premises.

NAME: _____

Address: _____

Phone #: _____

Name, address and telephone number of the person or company that installed, or is responsible for the maintenance, repair or monitoring of the alarm system, if applicable.

In order for your alarm system to be in compliance with the City Ordinance, it must employ the following:

1. The alarm system must have a backup power supply that becomes effective in the event of a power failure or outage in the source of electricity from the utility company.
2. Should your alarm system utilize an audible bell, horn, siren or other sound-emitting device, it must deactivate the system with in fifteen (15) minutes after activation. If your system does not have an automatic deactivation device, one must be installed and maintained prior to receipt of the alarm permit.

I certify that my alarm system meet the ordinance requirements.

Name Date
Email address _____