City of Dover

ALARM PERMIT APPLICATION

Please complete this form and send (with appropriate fee) to: Dover Police Department, 46 Chestnut Street, Dover, NH 03820-3396 () Original \$25 () Renewal \$10 () Exempt (Residential - 65 and older) Fee: Name: ____ Business Name [if applicable]: _____ Street Address Mailing Address if different: Telephone: Email: _____ Alarm Company name and phone #: Please list up to three people that we could notify in case of alarm activation. Telephone: (H)_____(W)____ Cell phone: Name: ____ Telephone: (H)_____(W)____ Cell phone:

Name:		
Telephone: (H)(W)		
Cell phone:		
Type of Alarm System: (check all applicable)		
1. Burglary:		
2. Panic/Robbery		
3. Fire		
4. Medical/Other		
Alarm Notification:		
() Local Audible Alarm		
() Central Monitoring Station [Signed Waiver Required]		
THIS SECTION FOR OFFICE USE ONLY		
Permit #		
Fee: () Original \$25 () Renewal \$10 () Exempt (Residential - 65 and older)		
Key #		
Questions???? Call 603-742-4646 and ask for the Communication Supervisor.		

DOVER POLICE DEPARTMENT

WAIVER FOR CENTRAL STATION ALARMS

Name:	<u> </u>
Address:	
In consideration of the waiver of administrative rules propertment on February 24, 1984 and amended Mare 58.29 of the Code of the City of Dover, 1983,	•
I,	onal or property, which may result ohone lines, inadequate response
Dated:, 20	
Signature:	
Witness*:	

*Must be witnessed at Police Headquarters, or by a Justice of the Peace or Notary Public.