

TOWN OF NEWMARKET, N.H. – ALARM USER PERMIT APPLICATION
\$10.00 (checks or money orders only please)

Name: _____ Date: _____

Street Address: _____ Mailing address _____

Home Telephone: _____ Work Telephone: _____

Spouse Name: _____ Spouse Work Phone: _____

Alarm Co. Installing Equipment: _____ Alarm Co. Maintaining Equipment: _____

Address: _____

Telephone: _____

PERSONS to be contacted in case of emergency (please list at least 2 people other than alarm company personnel):

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Office use only

Approved Fire Chief

Approved Police Chief

Approved Building Official

Effective Date

Type of alarm system (check all applicable):

Burglary Robbery Fire Rescue Panic

Other (please specify): _____

Perimeter Contacts Mats Ultrasonic Microwave

Passive Infrared Photoelectric Smoke Detectors Heat Detectors

Sprinkler System Other (please specify): _____

Alarm Termination Point (check all applicable):

Direct connect to Newmarket Dispatch

To Rockingham Dispatch

Local audible

Other: _____