



ALARM MANAGEMENT PROGRAM OF SUFFOLK



Alarm Permit Application

INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach check or money order payable to Suffolk County Police Department (cash will not be accepted) and return to the address shown at the bottom of this form.

1 Alarmed Location		<i>Select One:</i>		<input type="checkbox"/> Residential - \$50
				<input type="checkbox"/> Commercial - \$100
Occupant Name or Business Name _____				
Address _____			Suite / Apt # _____	
City _____			State _____	Zip _____
Special Conditions/Hazards <input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Weapons <input type="checkbox"/> Dogs <input type="checkbox"/> Video Camera(s) / CCTV				

2 Responsible Party (Mailing Address)				
Last Name _____		First Name _____		Phn1 _____
Address _____		Suite / Apt # _____		Phn2 _____
City _____		State _____	Zip _____	Phn3 _____
Email Address _____		Phn4 _____		
<input type="checkbox"/> Send Notifications via Email				

3 Contact Names				
Contact 1:				
Last Name _____		First Name _____		Phn1 _____
				Phn2 _____
Contact 2:				
Last Name _____		First Name _____		Phn1 _____
				Phn2 _____

I understand that, in accordance with Suffolk County Resolution No. 974-2016, applicant is financially responsible for all charges and penalties specified in this law .

Signature _____ Date _____

NOTE: If your contact information changes, you must notify the Alarm Management Program within ten (10) working days.

Mail to:
Alarm Management Program
30 Yaphank Avenue
Yaphank, NY 11980

Online: WWW.SUFFOLKPD.ORG