

Permit No. _____
License No. _____
Date Filed _____

INCORPORATED VILLAGE OF LYNBROOK
One Columbus Drive, Lynbrook, New York 11563
516-599-8300

APPLICATION FOR ALARM PERMIT

NAME OF USER _____

ADDRESS _____

PHONE # _____

NAME, ADDRESS & TELEPHONE NUMBER OF INSTALLER

TELEPHONE NO.: _____

PLEASE CHECK (X) THE BOX OR BOXES WHICH DESCRIBE YOUR ALARM DEVICE:

- | | |
|--|--|
| <input type="checkbox"/> Automatic Dialer with Message | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Audible | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Burglarly | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Silent | |

ALTERNATE PERSONS WITH ACCESS TO PREMISES:

	<u>NAME</u>	<u>PHONE NO.</u>	<u>ADDRESS</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SIGNATURE: _____ DATE _____