



NEWPORT POLICE DEPARTMENT

Administrative Services Division

120 Broadway
Newport, R.I. 02840
(401) 847-1306
(401) 847-5598 fax

ALARM PERMIT APPLICATION

Name of Alarm User Requesting Permit: _____ Application # _____

Address of Alarm User: _____

Alarm User's Date of Birth: _____

Alarm User's Phone # (H) _____ (W) _____ (C) _____

Business/Estate Name: _____ Phone # _____

Location of Business/Estate: _____

Building Owner (if different from above): _____

Building Owner's address: _____

Building Owner's phone # (H) _____ (W) _____ (C) _____

Alarm Type

(Check all that apply)

- | | |
|---|--|
| <input type="radio"/> Commercial | <input type="radio"/> Shutoff Time Limit (30-minute max) |
| <input type="radio"/> Residential | <input type="radio"/> Automatic Reset |
| <input type="radio"/> Intrusion/Burglar | <input type="radio"/> Automatic Dialer |
| <input type="radio"/> Robbery/Hold up | <input type="radio"/> Police Department |
| <input type="radio"/> Audible | <input type="radio"/> Third Party |
| <input type="radio"/> Automatic Shutoff | |

CENTRAL PROTECTION COMPANY ___ YES ___ NO

Company Name: _____

Address: _____ Phone #: _____

INSTALLING COMPANY/INDIVIDUAL

Name: _____ Address: _____

Phone #: _____

Contact Persons
Minimum of Two Required

Circle one phone number for EACH contact that should be dialed first in an emergency

Primary Contact Name: _____

Primary Contact Address: _____

Primary Contact Phone # (H) _____ (W) _____ (C) _____

Secondary Contact Name: _____

Secondary Contact Address: _____

Secondary Contact Phone # (H) _____ (W) _____ (C) _____

Other Contact Name: _____

Other Contact Address: _____

Other Contact Phone # (H) _____ (W) _____ (C) _____

The undersigned hereby certifies that they have read the attached instructions to the applicant including those sections pertaining to penalties. In tendering this application the undersigned agrees to abide by all applicable rules, regulations, and/or ordinances pertaining to the installation and use of the above alarm system. The undersigned further agrees by this application to absolve the City of Newport, the Newport Police Department, the Newport Fire Department and each and all of the employees or authorized representatives for any damages, direct or incidental, resulting from the deactivation of any system not in compliance with the above regulations.

Signature _____

Received by _____

Approved _____ Date _____