

ALARM REGISTRATION - PLEASE SUBMIT WITH FEE OF \$100 - THANK YOU  
VILLAGE OF WESTHAMPTON BEACH  
165 MILL ROAD  
WESTHAMPTON BEACH, NY 11978  
(631) 288-1654

1. Property Owner's Name: \_\_\_\_\_

2. Property Address/  
Alarm Location \_\_\_\_\_

3. Mailing Address and/or  
other address for owner \_\_\_\_\_  
\_\_\_\_\_

4. Telephone: \_\_\_\_\_  
(preferred) (other)

5. If above is a business - Name of Business \_\_\_\_\_

6. If above is a corporation - Name given to alarm company \_\_\_\_\_

7. Is Above Property a Rental? (Circle one) Yes / No If yes, circle type: Residence / Business

If yes to above question - \_\_\_\_\_  
Tenant Name & Address \_\_\_\_\_

8. Name/Address Of Party Responsible for False Alarm Bill:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

9. Type of Alarm: (check all that apply) Fire ( ) Police ( ) Other: \_\_\_\_\_

10. Name of Alarm Company (central station): \_\_\_\_\_

Contact telephone numbers for above Alarm Company (24 hrs a day-please include area codes)

Day \_\_\_\_\_ Night \_\_\_\_\_ Other \_\_\_\_\_

11. Name(s) of a caretaker or responsible party to respond to the above alarm location in the event of a malfunction/emergency to gain access to the interior of the building.

1.) \_\_\_\_\_  
(name) (cell phone) (other contact number)

2.) \_\_\_\_\_  
(name) (cell phone) (other contact number)

11. Any other information you would want the police department to be aware of pertaining to the above alarm location: (ie: guard dog, gated property, neighbor with key, flag lot, description of the house etc.)

\_\_\_\_\_  
\_\_\_\_\_

*Please Note: We will bill any party, but property owner is responsible for any false alarm fees incurred and not paid as well as the application fee, this will be added to your tax bill regardless of whether we receive an application.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant