

PELHAM FIRE DEPARTMENT
PELHAM, N.H. 03076

ALARM PERMIT

Permit #: _____

Alarm User's Name: _____

Alarm Location Address: _____

Telephone #: (Home) _____ (Business) _____

Purpose of Installation: ☐ Fire ☐ Medical ☐ Fire and Medical

Type of Premises: ☐ Business ☐ Residence

Alarm installed by: _____

Address: _____ Telephone #: _____

Alarm company service department telephone #: _____

New Hampshire Alarm Installer's License #: _____

Type of Alarm System: ☐ Digital Dialer ☐ GSM Radio ☐ Central Station
 ☐ Local ☐ Manual ☐ Other

Persons (other than fire and police) your alarm system will contact if activated:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Persons to be contacted if alarm is activated in order of priority - (TWO required in addition to owner):

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

COMPLETE AND SIGN REVERSE SIDE OF THIS APPLICATION

ALARM PERMIT

PLEASE READ BEFORE SIGNING:

I am aware of the By-Laws of the Town of Pelham concerning the installation and operation of emergency alarm systems.

This Permit Application must be completed and returned to the Pelham Fire Department for approval and assignment of code and permit numbers before installation.

_____	_____
Date	Signature of Applicant

FIRE DEPARTMENT USE ONLY:

Approved: _____ By: _____

Disapproved: _____ Date: _____