

**PELHAM FIRE DEPARTMENT**  
**PELHAM, N.H. 03076**

**ALARM 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 #: \_\_\_\_\_

Monitoring Company Name & Telephone #: \_\_\_\_\_

New Hampshire Alarm Installer's License # \_\_\_\_\_

Type of Alarm System: ( ) Digital Dialer ( ) Direct Police Panel  
( ) Central Station ( ) Local ( ) Manual

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

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FIRE DEPARTMENT USE ONLY:

Approved: \_\_\_\_\_ By: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_