

TOWN OF MILFORD NEW HAMPSHIRE
ALARM SYSTEM PERMIT/RENEWAL APPLICATION

Please type or print legibly

Mail to: Milford Fire Department ■ 39 School Street ■ Milford, NH 03055

Initial Application

Renewal Application

Residence

Business

TYPE OF ALARM

Fire

Police

Both

Address where alarm is installed: _____

Telephone number where alarm is installed: _____

Name / Business Name: _____

Billing address: _____

If the alarm owner is **not** the building owner please provide

Owner: _____

Address: _____

Telephone: _____

Alarm Monitoring Company: _____

Address: _____

Telephone: _____

(See reverse side for additional information)

In the event you cannot be reached when alarm has activated: you **MUST** have three (3) contacts (in the Milford area) that may answer on your behalf.

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Permit Fee

___ Alarm System \$15.00

___ US Govt. Facility-exempt

___ Master Box/Digital Dialer Monitoring Fee \$200.00

Please make checks payable to Town of Milford – Fire Alarm Division

By my signature below, I do hereby acknowledge that I have read the Town of Milford, New Hampshire Alarm System Regulations and the Ordinance Regulating Fire Alarm Systems, and I agree to abide by the same. I further agree and consent to the imposition of the fees, charges and penalties set forth in said Regulations and Ordinance in the event that the maintenance and/or operation of the system which is the subject matter of this application occasions the necessity for the same. I expressly request that all records with respect to this application be kept confidential.

Signature of Applicant

Date

___ Alarm Owner

___ Duly Authorized Agent

Fire Department Use

Type of alarm equipment / system:

___ Dial alarm

___ Manual/panic alarm

___ Direct alarm

___ Master fire alarm box

___ Local alarm

Further description: _____