

City of Dover

ALARM PERMIT APPLICATION

Please complete this form and send (with appropriate fee) to: Dover Police Department,
46 Locust Street, Dover, NH 03820

Fee: () Original \$25 () Renewal \$10 () Exempt (Residential - 65 and older)

Name: _____

Business Name [if applicable]: _____

Street Address _____

Mailing Address if different: _____

Telephone: _____

Alarm Company name and phone #: _____

Please list up to three people that we could notify in case of alarm activation.

Name: _____

Telephone: (H) _____ (W) _____

Cell phone: _____

Name: _____

Telephone: (H) _____ (W) _____

Cell phone: _____

Name: _____

Telephone: (H)_____ (W)_____

Cell phone:_____

Type of Alarm System: (check all applicable)

1. Burglary: _____

2. Panic/Robbery_____

3. Fire_____

4. Medical/Other_____

Alarm Notification:

() Local Audible Alarm

() Central Monitoring Station [Signed Waiver Required]

THIS SECTION FOR OFFICE USE ONLY

Permit #_____

Fee: () Original \$25 () Renewal \$10 () Exempt (Residential - 65 and older)

Key #_____

Questions???? Call 603-742-4646 and ask for the Communication Supervisor.

DOVER POLICE DEPARTMENT

WAIVER FOR CENTRAL STATION ALARMS

Name: _____

Address: _____

In consideration of the waiver of administrative rules promulgated by the Dover Police Department on February 24, 1984 and amended March 12, 1984, pursuant to Section 58.29 of the Code of the City of Dover, 1983,

I, _____ do agree to hold harmless and exempt the City of Dover, New Hampshire, its officers, agents, servants and employees from any and all liability for any claim for loss or damage, personal or property, which may result from or be based upon the unavailability of open telephone lines, inadequate response time, or any other circumstance whatsoever in connection with an alarm received by the Dover Police Headquarters from a central station.

Dated: _____, 20 _____.

Signature: _____

Witness*: _____

*Must be witnessed at Police Headquarters, or by a Justice of the Peace or Notary Public.