

**City of Dover**

**ALARM PERMIT APPLICATION**

Please complete this form and send (with appropriate fee) to: Dover Police Department, 46 Chestnut Street, Dover, NH 03820-3396

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 #\_\_\_\_\_

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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.