



INCORPORATED VILLAGE OF MALVERNE
99 CHURCH STREET, MALVERNE, NEW YORK 11565
(516) 599-1200
Monday – Friday 9 am – 5 pm

**ALARM SYSTEM
APPLICATION**

FEE: \$ 35.00

Pursuant to Local Law # 4-2000, Chapter 1A of the Code of the Village of Malverne entitled "Alarm Systems".
 All permits Expire in 3 years.

FIRE ALARMS MUST BE REGISTERED WITH THE NASSAU COUNTY FIRE MARSHALL OFFICE.

| | | | | |
|--|--|---------------------------------|---------------|-----------------|
| 1 PLEASE CHECK ONE | | THIS BOX IS FOR OFFICE USE ONLY | | |
| <input type="checkbox"/> NEW APPLICATION | <input type="checkbox"/> RENEWAL APPLICATION | DATE RECEIVED | PERMIT NUMBER | EXPIRATION DATE |
| | | | | |

| | | | |
|---|------------|--|--|
| 2 APPLICANT INFORMATION : PLEASE PROVIDE ALL INFORMATION | | | |
| APPLICANT NAME | | | |
| ADDRESS | | | |
| HOME PHONE | WORK PHONE | | |
| CELL PHONE | EMAIL | | |

| | | | | |
|---|------------|--|--------------------------|-------------------|
| 3 PROPERTY OWNER INFORMATION : ** PLEASE PROVIDE ALL INFORMATION IF DIFFERENT FROM APPLICANT INFORMATION | | | <input type="checkbox"/> | SAME AS APPLICANT |
| PROPERTY OWNER(S) | | | | |
| PROPERTY ADDRESS | | | | |
| HOME PHONE | WORK PHONE | | | |
| CELL PHONE | EMAIL | | | |

| | | | |
|---|------------|--|--|
| 4 ALARM COMPANY INFORMATION : PLEASE PROVIDE ALL INFORMATION | | | |
| ALARM COMPANY | | | |
| COMPANY ADDRESS | | | |
| OFFICE PHONE | OFFICE FAX | | |

| | | | | |
|---|--|------------|---|--|
| 5 PROPERTY INFORMATION : PLEASE CHECK ALL THAT APPLY | | | | |
| ALARM TYPE | | AND | TYPE OF STRUCTURE | |
| <input type="checkbox"/> BURGLAR | | | <input type="checkbox"/> ONE (1) FAMILY | |
| <input type="checkbox"/> CENTRAL STATION MONITORING | | | <input type="checkbox"/> TWO (2) FAMILY | |
| <input type="checkbox"/> LOCAL BELL ONLY | | | <input type="checkbox"/> MULTIPLE DWELLING (3 OR MORE FAMILIES) | |
| <input type="checkbox"/> OTHER: | | | <input type="checkbox"/> COMMERCIAL | |

| | | | | |
|--|------------|--|--------------------------|-----|
| 6 EMERGENCY CONTACT INFORMATION : IF APPLICANT IS UNREACHABLE | | | | |
| CONTACT NAME | | | | |
| ADDRESS | | | | |
| HOME PHONE | WORK PHONE | | | |
| CELL PHONE | EMAIL | | | |
| DOES CONTACT PERSON HAVE KEYS AND OR CODE TO THE ALARM SYSTEM? | | | <input type="checkbox"/> | YES |
| | | | <input type="checkbox"/> | NO |

| | | | |
|------------------------------|--|------|--|
| 7 APPLICANT SIGNATURE | | | |
| APPLICANT SIGNATURE | | DATE | |

MAKE CHECK OR MONEY ORDER PAYABLE TO "INCORPORATED VILLAGE OF MALVERNE"
 APPLICATION CAN BE SUBMITTED IN PERSON MONDAY – FRIDAY BETWEEN THE HOURS OF 9AM AND 5PM AT VILLAGE HALL
 OR MAILED TO VILLAGE HALL AT THE ABOVE ADDRESS.