



West Warwick Police Department
 1162 Main Street, West Warwick, RI 02893-4829
 Phone: (401) 821-4323 Fax (401) 822-4898



**TOWN OF WEST WARWICK
 ALARM SYSTEM PERMIT APPLICATION**

RESIDENTIAL COMMERCIAL (Please check only one.)

Name of home owner or business owner or person legally responsible for the alarm system: _____ Date of Birth: _____

Business name, if applicable: _____

Mailing address: _____

Address where alarm system is installed, if different than above:

Any and all telephone numbers where the owner or user can be contacted. (Please include pagers and/or cell phone numbers, if applicable,)

Name, address and telephone numbers of at least two (2) emergency contact people*:

*Emergency contact people refers to a person who can be contacted and will respond to the premises in the event of an emergency, or to reset or deactivate the alarm system, or who would contact the alarm user if the alarm user is not at the protected premises.

Name, address and telephone number of the person or company that installed, or is responsible for the maintenance, repair or monitoring of the alarm system, if applicable:

In order for your alarm system to be in compliance with Town Ordinance, it must Employ the following:

1. All existing automatic dialing devices shall use a special unlisted telephone line within ninety (90) days of the effective date of this ordinance.
2. Should your alarm system utilize and audible bell, horn, siren, or other sound emitting device, it must deactivate the system within fifteen (15) minutes after activation.

I certify that my alarm system meets the ordinance requirements:

Name

Date