

EMERGENCY ALARM PROGRAM REGISTRATION

Business Location Address

Business Name: _____

Physical Address: _____

Suite # _____ Store # (if applicable) _____ Business Tel #: _____

Corporate Mailing Address/Contact Info (if needed for billing)

Business Name: _____

Mailing Address: _____

Contact Name: _____

Email Address: _____ Tel#: _____

Are you a non-profit entity? _____. If so, please provide IRS/NYS documentation.

Please check the circle for each type of alarm your business has and print the name of the company that monitors the alarm. If your alarm is just an audible, indicate audible only. If you currently have no alarm system, please indicate none.

() Intrusion (Burglary) Alarm Company: _____ Tel #: _____

() Fire Alarm Company: _____ Tel #: _____

() Panic Alarm Company: _____ Tel #: _____

Please provide the names, title, and contact numbers of individuals to be notified in case of an alarm occurrence after business hours if different from contact party listed above. #1 should be the primary contact and alternative(s) should be in preferential order.

1. _____ Title: _____ Contact #: _____

2. _____ Title: _____ Contact #: _____

3. _____ Title: _____ Contact #: _____

As a new business, the initial registration fee for an emergency alarm permit is \$25.00 and the yearly renewal fee thereafter is \$10.00. Checks **must** be made payable to the "**Town of Riverhead**". The mailing address is:

Riverhead Police Department Submission Date: _____
Attn: Gina Hubbard-Alarm Billing, 210 Howell Avenue, Riverhead, NY, 11901