

PELHAM FIRE DEPARTMENT
PELHAM, N.H. 03076

ALARM PERMIT

Permit #: _____

Alarm User's Name: _____

Alarm Location Address: _____

Telephone #: (Home) _____ (Business) _____

Purpose of Installation: Fire Medical Fire and Medical

Type of Premises: Business Residence

Alarm installed by: _____

Address: _____ Telephone #: _____

Alarm company service department telephone #: _____

New Hampshire Alarm Installer's License #: _____

Type of Alarm System: Digital Dialer GSM Radio Central Station
 Local Manual Other

Persons (other than fire and police) your alarm system will contact if activated:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Persons to be contacted if alarm is activated in order of priority - (TWO required in addition to owner):

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

COMPLETE AND SIGN REVERSE SIDE OF THIS APPLICATION

