TOWN OF HOLLIS
ALARM PERMIT APPLICATION

This application must be completed before a permit can be issued. All information must be current. It is the responsibility of the permit holder to ensure that this information is current at all times.

Permit fee must accompany this application. Checks should be made payable to: "TOWN OF HOLLIS POLICE DEPARTMENT". Mailing address: Hollis Police Department
9 Silver Lake Rd Hollis NH 03049
Attn: John DuVarney

PERMIT FEES:	**Transfer of alarm ownership**	**$ 2.00**
	Residential (home, apartments, condo)	**$ 15.00**
	Non-residential (commercial)	**$ 25.00**

EXEMPTIONS:
Medical Alert Alarms
Principal occupant age 65 or older
Government Facility

Permits issued under the Alarm Ordinance may be suspended or revoked after notice and hearing. A service fee of $25.00 may be imposed for each False Alarm in excess of four (4) in a 12-month period. Questions concerning the Alarm Ordinance should be brought to the Office of the Selectmen.

OWNER OF RESIDENCE/NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

TYPE OF ALARM: ____ **FIRE** _____ **BURGLARY** ____ **ROBBERY** _____ **MEDICAL**

TYPE OF SYSTEM: ____ **CENTRAL STATION** ____ **DIGITAL DIALER**

____ **LOCAL AUDIBLE ONLY** ____ **COMBINATION**

ALARM COMPANY MONITORING THE SYSTEM: _____

ADDRESS: _____

PHONE: _____ **DATE OF INSTALLATION:** _____

NOTIFICATION LIST: Persons in the Hollis area to be notified if your alarm activates. Homeowners may list work numbers and or cell phones. List in the order you wish the calls to be made.

1. _____
NAME **ADDRESS** **PHONE**

2. _____
NAME **ADDRESS** **PHONE**

3. _____
NAME **ADDRESS** **PHONE**

PERSON SUBMITTING APPLICATION: _____ **DATE:** _____