



ALARM MANAGEMENT PROGRAM OF SUFFOLK



Alarm Permit Application

INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach check or money order payable to Suffolk County Police Department (cash will not be accepted) and return to the address shown at the bottom of this form.

1 Alarmed Location Select One: Residential - \$50
 Commercial - \$100

Occupant Name or Business Name _____

Address _____ Suite / Apt # _____

City _____ State _____ Zip _____

Special Conditions/Hazards Hazardous Chemicals Weapons Dogs Video Camera(s) / CCTV

2 Responsible Party (Mailing Address)

Last Name _____ First Name _____ Phn1 _____

Address _____ Suite / Apt # _____ Phn2 _____

City _____ State _____ Zip _____ Phn3 _____

Email Address _____ Phn4 _____

Send Notifications via Email

3 Contact Names

Contact 1:

Last Name _____ First Name _____ Phn1 _____

Phn2 _____

Contact 2:

Last Name _____ First Name _____ Phn1 _____

Phn2 _____

I understand that, in accordance with Suffolk County Resolution No. 1123-2015, applicant is financially responsible for all charges and penalties specified in this law .

Signature _____ Date _____

NOTE: If your contact information changes, you must notify the Alarm Management Program within ten (10) working days.

Mail to:
Alarm Management Program
30 Yaphank Avenue
Yaphank, NY 11980

Online: WWW.SUFFOLKPD.ORG