Bath Police Department
Alarm System Application

I hereby request permission to install, maintain, or operate an alarm system in the City of Bath. I further agree to abide by the **Alarm System Ordinance** of the City of Bath and any guidelines of the Bath Police Department concerning the monitoring of the alarm(s) listed below.

Alarm User Information:

Name _____

Business Name (if any) _____

Address _____

Alarm Information:

Type of Alarm: (circle one)   Audible, External, Silent, Dialer

Owner of Alarm System: _____

Location of Alarm: _____

Does alarm have an automatic reset? Yes _____   No _____

Alarm Monitoring System:

Do you employ the services of an Alarm Monitoring service? _____
If yes, provide the name, address, and phone number of the Monitoring Company.

_____

_____

Emergency Information:

List the names and telephone numbers of three people who are to be contacted in case of emergency:

1. _____ Phone - Daytime _____
                                           Phone - Night   _____

2. _____ Phone - Daytime _____
                                           Phone - Night   _____

3. _____ Phone - Daytime _____
                                           Phone - Night   _____

Alarm System Application Page 2

The User of the alarm system must obtain from the installing company a complete and explicit set of instructions in the proper operation of the system.

The User of the alarm system must properly train all persons authorized to enter the protected area in the proper operation of the system.

All new installations will be monitored for a 30 day period without charge for false alarms.

All false alarm service fees will be billed to the User on a quarterly basis and if not paid by the end of the following quarter the system will not be monitored by the City of Bath Police Department.

Any business or resident having more than one location in the City must submit a separate application for each location. Each location will be monitored as a separate entity and not a part of the parent concern.

A copy of the Alarm System Ordinance is attached, and by affixing my signature to this application I acknowledge receipt of this ordinance.

Date: _____ _____
                                          Applicant

                                _____
                                            Address

                                _____

                                _____
                                        Phone Number

Application Fee: $5.00 Make checks payable to the City Of Bath

6/21