



TOWN OF GATES

Alarm Permit Application

PLEASE TYPE OR PRINT

Alarm Location: _____
Street No./Street Name City/ State Zip Code

Occupant Name: _____
Alarm User or Business

Telephone No. Work No. Cell Phone No. After Hours No.

Mailing address if different than above: _____
Street No./Street Name City/ State Zip Code

Office Use Only:	Permit # _____	Date Issued _____
	Expiration Date: April 30, 20____	Check # _____
	Clerk _____	Amount _____

Type of Alarm: Intruder Fire Medical Emergency Water Flow
Type of User: Residence Business Government Non-Profit Financial

Type of Business or Activity: _____

Hours of Operation: _____

Type of Alarm System: Central Station Bank Alarm Local Medical Emergency

System Monitored By: _____ Phone: _____

Contacts: Please name two persons, residing locally, who can be reached at any time and who are authorized by the owner to open the premises when an alarm has been activated.

1. _____
Name (First, Last) Address Home Phone Cell Phone
2. _____
Name (First, Last) Address Home Phone Cell Phone

IF INFORMATION CHANGES, PLEASE NOTIFY THE CLERK'S OFFICE

Applicant: _____
Name (First, Last) Address Phone

Signature Date

Initial Applicant Fee - \$10.00

Those purchasing new systems may register free if permit is obtained before installation.

Renewal Fees:
0 Avoidable Alarms – Free
1-3 Avoidable Alarms - \$10.00
plus \$50.00 each for Alarms 4-6
plus \$75.00 each for Alarms 7-9
plus \$100.00 each for Alarms 10+

Make check payable to: Town of Gates

Mail or deliver your completed application to:

Town of Gates
Town Clerk's Office
1605 Buffalo Road
Rochester, NY 14624

A copy of the Town of Gates Alarm Ordinance is available upon request or available at www.townofgates.org