



Permit No. \_\_\_\_\_  
License No. \_\_\_\_\_  
Date Filed \_\_\_\_\_  
**Permit Fee \$25.00**

**INCORPORATED VILLAGE OF LYNBROOK**  
One Columbus Drive, Lynbrook, New York 11563  
516-599-8300

APPLICATION FOR ALARM PERMIT

NAME OF USER \_\_\_\_\_

ADDRESS \_\_\_\_\_

APARTMENT # \_\_\_\_\_

PHONE # \_\_\_\_\_

NAME, ADDRESS & TELEPHONE NUMBER OF INSTALLER

\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

PLEASE CHECK (X) THE BOX OR BOXES WHICH DESCRIBE YOUR ALARM DEVICE:

- |                                                        |                                            |
|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Automatic Dialer with Message | <input type="checkbox"/> Fire              |
| <input type="checkbox"/> Audible                       | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Burglarly                     | <input type="checkbox"/> Robbery           |
| <input type="checkbox"/> Silent                        |                                            |

ALTERNATE PERSONS WITH ACCESS TO PREMISES:

	<u>NAME</u>	<u>PHONE NO.</u>	<u>ADDRESS</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_