



Chief of Police
Joseph A. Roark

PELHAM POLICE DEPARTMENT

14 VILLAGE GREEN
PELHAM, NEW HAMPSHIRE 03076
Telephone (603) 635-2411 Fax (603) 635-6959

ALARM PERMIT APPLICATION

Name: _____

Address: _____

Contact Number: _____

E-Mail: _____

Alarm Type: ☐ Burglary ☐ Fire ☐ Panic/Alert

Type of Premises: ☐ Residence ☐ Business

Alarm Company & Address: _____

Alarm Company Contact Number: _____

Is this an audible alarm? ☐ Yes ☐ No

Persons to be contacted if the alarm is activated (Minimum of two):

Name: _____ Name: _____

Address: _____ Address: _____

Contact Number: _____ Contact Number: _____

Please read before signing:

I have read and understood the by-law of the town of Pelham concerning the installation and operation of an emergency alarm system. I will abide by all town ordinances and or state laws pertaining to the use and operation of an emergency alarm system.

Signature of Applicant

Date

Police use only:

Approved by _____ Date: _____ Permit Number: _____

Fee Received: ☐ Yes ☐ No