

Acct # _____

**Town of Merrimack, New Hampshire
Emergency Alarm System Permit
Change of Information**

The information for the above account number according to our records is outdated. Could you please correct any changes from the enclosed listing and mail to: Merrimack Police Dept., 31 Baboosic Lake Rd., Merrimack, NH 03054, or FAX to 423-8541.

Business Name/ Owner _____

Address _____ **Phone** _____ **Fax** _____

Alarm Company _____

Address _____ **Phone** _____

Type of Alarm: Burglary () Fire () Medical ()
Does the alarm reset automatically? YES () Number of minutes _____ NO ()

Emergency Contacts

Someone in the **Merrimack** area who are to be contacted when the alarm activates. (Minimum of 2)

1 Name _____ **Phone 1** _____
Address _____ **Phone 2** _____

2 Name _____ **Phone 1** _____
Address _____ **Phone 2** _____

3 Name _____ **Phone 1** _____
Address _____ **Phone 2** _____

4 Name _____ **Phone 1** _____
Address _____ **Phone 2** _____

I/We hereby acknowledge that I/we have read this form and are aware of the provisions of the Merrimack Alarm System town ordinances, and hereby agree to abide by the ordinances regulating Emergency Alarm Systems. I/We also agree to notify the Emergency Alarm Monitoring Facility of any changes effecting the operation of my emergency alarm system as well as any changes to the Emergency Contact List.

Signed _____ **Date** _____