

Acct# _____

Emergency Alarm System Permit Application Change of Information Town of Merrimack, NH

The information for the above account number according to our records is outdated.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 # of minutes _____ No

Emergency Contacts

(Someone in the Merrimack area who is to be contacted when the alarm activates – Minimum of 2)

#1 Name: _____ Address: _____
Phone 1: _____ Phone 2: _____

#2 Name: _____ Address: _____
Phone 1: _____ Phone 2: _____

#3 Name: _____ Address: _____
Phone 1: _____ Phone 2: _____

#4 Name: _____ Address: _____
Phone 1: _____ 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: _____