

Acct# _____

Fee Received _____

Check # _____

Permit Issued _____

Permit Entered _____

Emergency Alarm System Permit Application Town of Merrimack, NH

This application must be completed in full before a permit can be issued. It is the responsibility of the permit holder to ensure that all information is kept current and accurate. Failure to keep this information current could result in the revocation of this permit. The information in this application **does not** constitute a public record. A fee of \$10.00 must accompany this application, check payable to: **Town of Merrimack** Mail to: **Town of Merrimack Finance Department**, 6 Baboosic Lake Road, Merrimack, NH 03054.

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, **Chapter 90, Alarm Systems**, and hereby agree to abide by them. I/We also agree to notify the **Merrimack Police Department's Communications Division** of any changes effecting the operation of the emergency alarm system, as well as any changes to the emergency contact list.

Signed: _____ Date: _____

Approved: _____ Denied: _____ Restrictions: _____

Chief of Police / Fire Signature

Date Issued