VILLAGE OF GENESEO
119 MAIN STREET
GENESEO, NY 14454
585-243-1177

Application for permit for installation and/or operation of installed alarm

_____
Date of Application

☐ **BUSINESS** ☐ **RESIDENTIAL**

_____
Applicant's: Last Name First Name Middle Initial Job Title

_____
Business Name, Address and Phone (If residential alarm: address of installed alarm)

Alarm Type:
☐**Burglar** ☐ Motion Detection ☐ Intrusion ☐ Other (specify)
☐**Fire**

How is the alarm transmitted? ☐ Audible ☐ Telephone ☐ Other_____
Location of the enunciator panel(s) _____

Alarm Company Name: _____
Address: _____
_____
Telephone #: _____

Offices/Agencies notified by alarm company (Example: ADT, E-911 Center, etc..) _____
_____

Contact Person(s) in the event of an alarm:

Name	**Address**	**Telephone**

Notes: _____
_____

_____ _____
Applicant's Signature Date Signature of Issuer Date

$5.00 Permit Fee Paid on: _____

Original stays on file in Dean's Office in Geneseo Building.
CC: Applicant, Geneseo Police Department and Geneseo Fire Department.