

NEWINGTON POLICE DEPARTMENT  
71 FOX POINT ROAD  
NEWINGTON, NH 03801  
603-431-5461

APPLICATION  
ALARM USER PERMIT

APPLICATION TYPE:    NEW ( )    RENEWAL ( )    REVOKED RENEWAL ( )    CHANGE ( )			
APPLICANT'S NAME/BUSINESS:		TELEPHONE NUMBER:	
ADDRESS OF ALARM LOCATION:			
BUSINESS NAME(S) AND TELEPHONE NUMBERS, IF APPLICABLE: 1. _____ 2. _____ 3. _____			
ALARM TYPE: LOCAL ( )                  DIRECT CONNECT ( ) DIALER ( )                CENTRAL STATION ( ) OTHER _____		ALARM CLASS: BURGLAR ( )              MEDICAL ( ) HEAT        ( ) OTHER _____	
NAME, ADDRESS AND TELEPHONE NUMBER OF:  Alarm Seller: _____ Installer:        _____ Monitor:         _____			
EMERGENCY NOTIFICATION (Name, Address, Telephone Number): 1. _____ 2. _____ 3. _____			
APPLICANT'S SIGNATURE: _____ DATE OF APPLICATION: _____			
*****			
<b>(Office Use Only)</b>			
Permit Number: _____		DATE PAID: _____	
Fee: \$ _____			