CITY OF WARWICK
ALARM APPLICATION
99 VETERANS MEMORIAL DR.
WARWICK, RI 02886
ph. 401-468-4341 fax 468-4342
wpdalarm@warwickri.com

Alarm Permit #____________________
(alarm permit assigned by Police Dept.)

Residential____ Commercial_____ Electrical Permit #________

Name of Home Owner, Business Owner or person legally responsible for
the alarm system:__________________________ DOB ___/___/___

Name of Business (if applicable):______________________________

Home or Business Telephone #:________________________________

Address where alarm is installed:
__________________________________________________________

Mailing or billing address if different from above:
__________________________________________________________

List all telephone numbers where the owner or user can be contacted.
(please include cell number, if applicable)

Owners name:__________________________________________________

Home phone/cell________________________________________________

Managers Name:________________________________________________

Home phone/cell________________________________________________
**Secondary Contact Person** refers to a person who can be contacted and **will** respond to the premises in the event of an emergency, or to reset or deactivate the alarm system, or who would contact the alarm users if the alarm user is not at the protected premises.

**NAME:**

**Address:**

**Phone #:**

Name, address and telephone number of the person or company that installed, or is responsible for the maintenance, repair or monitoring of the alarm system, if applicable.

Does your building have surveillance? ______Interior:______ Exterior:______

Are there any hazards? (Chemicals, armed security, dogs, weapons etc. stored in the facility or home)

In order for your alarm system to be in compliance with the City Ordinance, it must employ the following:

1. The alarm system must have a backup power supply that becomes effective in the event of a power failure or outage in the source of electricity from the utility company.

2. Should your alarm system utilize an audible bell, horn, siren or other sound-emitting device, it must deactivate the system within fifteen (15) minutes after activation. If your system does not have an automatic deactivation device, one must be installed and maintained prior to receipt of the alarm permit.

I certify that my alarm system meet the ordinance requirements.

__________     _________________________
Name                Date

Email address_______________________________________

-- Please Complete Both Sides --