

COLUMBIA COUNTY SHERIFF'S OFFICE

85 Industrial Tract
Hudson, New York 12534
518 828-3344



Registration For Alarm System

Alarm Number Assigned: _____	For Office Use Only		
	Alarm Type: <input type="checkbox"/> - Police <input type="checkbox"/> - Fire <input type="checkbox"/> - Medical		
Date Entered: _____	If Signal Electronics - Number Assigned: _____		

Name of Registrant: _____
Last First Middle (If a business, indicate business name)

NOTE: The Name MUST be the same name registered with any monitoring Company.

Mailing Address of Registrant: _____
Street Number or P.O. Box City State ZIP +4

Telephone # of Registrant: _____ **Telephone # at Alarm Location:** _____
(AC) + Number (AC) + Number

Location of Structure is Installed: _____
Actual location not the mailing address - use 911 Number, Street Number or Name

_____ Municipality, Town, Village or Hamlet Name

Nearest Intersecting Highway Name or Number: _____

Distance From Nearest Intersecting Highway: _____ Feet _____ Miles

Direction from Nearest Intersecting Highway: - N - S - E - W - Other (NW, SE, Etc.) _____

Describe the Structure (Color, external appearance, number of floors, unusual features, etc.): _____

Type of Alarm(Check all that apply): - Burglary - Hold-up - Fire - Medical - Other (Specify) _____

Who will Respond? Police Alarm - Sheriff - State Police - Hudson PD - Other PD (Specify) _____

Fire Alarm - Enter Name of Fire District: _____

Medical Alarm - Enter Name of Rescue Squad: _____

If the location that is alarmed is a business, you MUST include the names, address and telephone number of at least three people who have inside access to the alarm location and will respond to an activation of an alarm. Non-Business private residences MUST provide at least two contact persons.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CONTINUED ON REAR

NOTE: Registration of ALL alarms in Columbia County is required by Columbia County Local Law 7-1990. County Law also provides for a fine of up to \$250.00 for each unregistered or expired alarm system in Columbia County. In addition, since there is no statutory requirement to respond to an alarm activation, this agency will not respond to unregistered alarms after notification of non-compliance with the law has been made. You MUST register your alarm, even if the alarm notice is not delivered to the Sheriff's Office.

The annual Registration Fee is \$10.00 if the alarm is not directly wired to a police agency and \$100.00 if directly wired to the Columbia County Sheriff's Office alarm center. Internal systems that DO NOT have an audible alarm outside the building AND ARE NOT transmitted to a monitoring location DO NOT have to be registered. Approved alarm registrations must be renewed annually. Checks for initial registration and renewal must be payable to: COLUMBIA COUNTY SHERIFF.

Return this application, with fee, to the address above.

<p>Primary Use of the Structure where the alarm is installed: <input type="checkbox"/> - Home <input type="checkbox"/> - Business <input type="checkbox"/> - Other (Specify): _____</p> <p>Does the system have an external audible alarm? <input type="checkbox"/> - No <input type="checkbox"/> - Yes</p> <p>If Yes, is the alarm automatically silenced after a fixed time? <input type="checkbox"/> - No <input type="checkbox"/> - Yes, after (Specify Time) _____</p>
<p>Name of Alarm Company or Person that installed the alarm: _____</p> <p>Telephone # of Installer: _____ Address: _____</p> <p style="text-align: center;"><small>AC + Number</small> <small>Street, City, State, Zip</small></p> <p>New York State Alarm Company Registration Number: _____</p>
<p>Signature of Applicant: _____ Date: ____/____/____</p>

FOR NEW INSTALLATIONS

THE ALARM SYSTEM CAN NOT BE ACTIVATED UNTIL THIS APPLICATION IS ACCEPTED AND AN ALARM NUMBER IS ASSIGNED BY THE SHERIFF'S OFFICE. YOU WILL BE NOTIFIED BY MAIL WHEN THE APPLICATION IS ACCEPTED AND THE ALARM SYSTEM CAN BE ACTIVATED.

FOR APPROVED SYSTEMS

REPORT ANY CHANGES TO INFORMATION IMMEDIATELY IN WRITING TO THE SHERIFF'S OFFICE.

For Office Use Only	
Date Applications Was Received: ____/____/____	Fee Paid: \$ _____
This application was: <input type="checkbox"/> - Accepted <input type="checkbox"/> - Rejected (Reason) _____	
Date: ____/____/____	By: _____