



BROOME COUNTY ALARM PERMIT APPLICATION

(fields with * required)

PROPERTY OWNER*: _____

PROPERTY LOCATION*: _____

MAILING ADDRESS (IF DIFFERENT): _____

Business Property

Name of Business*: _____ Bus. Phone: _____

Type of Business: _____ Seasonal: Y ___ N ___

Name of Business Owner: _____ Home Phone: _____

Residential Property

Type: Single Family Home: ___ Two Family Home: ___ Multi-Family Home: ___ Seasonal: Y ___ N ___

Name Alarm System is under: _____

Home Phone: _____ Cell Phone: _____

Alarm Company/Monitoring Service

Company Name*: _____

Pet(s) on Premises

Contact/Key Holder Information (Minimum 2 unique contact phone numbers required)

Key Box Located on Premises? Y ___ N ___

Contact 1: Name: _____ Ph 1: _____ Ph 2: _____

Contact 2: Name: _____ Ph 1: _____ Ph 2: _____

Medical Alarm: Y ___ N ___ **Patient Name:** _____

Other Information: _____

SIGNATURE*: _____ **DATE*:** _____

Mail completed form to:

Permit # _____

**Broome County Sheriff's Office
155 Lt. VanWinkle Drive (Attn: Records/
Alarms) Binghamton, NY 13905**

Or FAX to 607-778-2921

Email to AlarmPermits@co.broome.ny.us

Questions please call 607-778-6543