



# BROOME COUNTY SHERIFF'S OFFICE

Sheriff Frederick J. Akshar II

Undersheriff Sammy L. Davis

155 Lt. Van Winkle Drive, Binghamton, NY 13905

## 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:*

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

Permit # \_\_\_\_\_

Or FAX to 607-778-2921  
Email to [AlarmPermits@co.broome.ny.us](mailto:AlarmPermits@co.broome.ny.us)  
Questions please call 607-778-6543