



SALEM POLICE DEPARTMENT

ALARM SYSTEM PERMIT APPLICATION

This application and installation form must be completed in full before a permit may be issued. Permit holders are responsible to notify the Salem Police Department of **ANY** change in the names of responding persons and/or alarm companies. Permit holders are also responsible to notify of termination of their alarm system. Information provided to the Salem Police Department in compliance with the Alarm System Ordinance does not constitute a public record.

PERMIT FEES: Make check Payable to Town of Salem and mail to SPD 9 Veterans Memorial Parkway Salem NH 03079

Residential: \$ 25.00 **Commercial:** \$50.00

EXEMPTIONS:

1. Principal occupant of a private residence age 65 years or older.
2. Government agencies as approved by the Board of Selectmen

If applicable, please circle one of the above options

ALARM OWNER / USER INFORMATION: (Please check one) Residence Business Other

Name: _____

Address: _____

Telephone: _____ Email: _____

BILLING INFORMATION: (If different from above)

(For **businesses**, please list contact person below)

Name: _____ Email: _____

Address: _____ Phone#: _____

ALARM COMPANY INFORMATION:

Name: _____ Phone#: _____

CONTACT INFORMATION WHEN ALARM ACTIVATES:

Please provide best phone #'s to be reached – contacts must be able to access the property and necessary codes to deactivate alarms

Primary: Name _____ Address _____ Phone# _____

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Secondary:

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Additional:

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Note: Permits issued under Chapter 178 may be suspended or revoked after notice. A hearing may be requested. A service charge will be imposed for each false alarm to which police respond in excess of 3 per calendar year. See Fee chart below.

FEE SCHEDULE FOR FALSE ALARMS:

FIRST 3	NO CHARGE
4TH	\$25.00
5TH AND 6TH	\$50.00 EACH
7TH AND 8TH	\$75.00 EACH
9 AND MORE	\$100.00 EACH

Please send payments for FALSE ALARMS ONLY to:

Town of Salem

Attention: Finance Department

33 Geremonty Drive

Salem, NH 03079

For additional information on Town Alarm Systems please visit the following website:

<https://ecode360.com/SA0859> Part II: General Legislations Chapter 178 Alarm Systems

By signing below, I, _____, agree to and acknowledge the aforementioned information regarding alarm permits and billing for the Town of Salem, NH.

Signature

Date

Police Use Only

Approved _____ Denied _____ (Reason) _____

By: _____ Title: _____ Date: _____

Assigned IMC Site # _____ Dispatcher ID # _____ Date: _____

Dispatch: Scan and attach this completed document to the Site File Maintenance under the Attachment Tab.