

Fax: (603) 284.9209 or Mail this form to:  
Sandwich Police Department  
P.O. Box 272  
Center Sandwich, NH 03227-0272

# Automated Signal Device Permit

## Property Details:

Name of Resident / Owner: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Directions to Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Property Telephone: \_\_\_\_\_  
Property Owner Email: \_\_\_\_\_  
Property Owner Evening Telephone: \_\_\_\_\_  
Property Owner Mobile Telephone: \_\_\_\_\_

## Alarm Company Details

Alarm Company: \_\_\_\_\_ Alarm Company Phone: \_\_\_\_\_  
Alarm Type:  Internal     External     No Alarm Present  
Alarmed Area: \_\_\_\_\_  
Location of Reset \_\_\_\_\_

## Emergency Contacts:

Primary Keyholder: \_\_\_\_\_ Phone: \_\_\_\_\_  
Secondary Keyholder: \_\_\_\_\_ Phone: \_\_\_\_\_

## Authorized Signature:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Official Use Only

Received by: \_\_\_\_\_  
Date Posted: \_\_\_\_\_  
File Number: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Police / Fire / Medical**

Permit Number: \_\_\_\_\_  
Date: \_\_\_\_\_