

***Juan Figueroa***

**Sheriff**

Office of the

|  |  |  |  |
| --- | --- | --- | --- |
| ***Eric V. Benjamin*** | [www.co.ulster.ny.us/sheriff](http://www.co.ulster.ny.us/sheriff) | AdministrationCriminal Division | 340-3509338-3640 |
| **Undersheriff** |  | Corrections Division | 340-3644 |
|  |  | Civil Division | 340-3643 |
|  |  | Pistol Permits | 340-3639 |
|  |  | Crime Tips Hotline | 340-3599 |

***SHERIFF***

**Ulster County**

Ulster County Law Enforcement Center 380 Boulevard, Kingston, NY 12401

# Vincent V. Altieri

Captain /Criminal Division

# Evelyn P. Mallard

Superintendent / Corrections Division

***Jarrid E. Blades***

Chief Civil Administrator

**RESIDENTIAL** APPLICATION FOR ALARM SYSTEM PERMIT

**OWNER OF SYSTEM**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If system is installed at a location other than owner’s address, list below)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alarm Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTALLER** **(If different than owner)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZED CARETAKER(S)** (Persons, **other than the owner**, who can be contacted to respond to the premises where the system is located on a 24 hour a day basis. List at least two. If there are more, use additional sheets of paper. )

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return the completed application to the Sheriff’s Office at the above address with a check or money order made out to the County of Ulster. Please note on the check or money order, “alarm system application.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Owner of Alarm System - **Please Print** Owner of Alarm System – **Signature**  Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Sheriff or Designee – **Please Print** Sheriff or Designee - **Signature** Date

Application Fee - $10.00: \_\_\_\_\_Received Permit: Granted \_\_\_\_Denied \_\_\_\_\_Permit # \_\_\_\_\_\_\_\_\_

*An Accredited Law Enforcement agency since 1990*