



Paul J. Van Blarcum
Sheriff

Office of the **SHERIFF** Ulster County

Michael O. Freer
Undersheriff

Vincent V. Altieri
Captain / Criminal Division

James R. Hanstein
Superintendent / Corrections Division

Ulster County Law Enforcement Center
380 Boulevard, Kingston, NY 12401
www.co.ulster.ny.us/sheriff

Area Code 845

Administration	340-3802
Criminal Division	338-3640
Corrections Division	340-3644
Civil Division	340-3643
Pistol Permits	340-3639
Crime Tips Hotline	340-3599
Fax (Administration)	331-2810
Fax (Criminal Division)	340-3718
Fax (Corrections/Records)	340-3468
Fax (Corrections/Booking)	340-3436
Fax (Civil Division)	334-8125
Fax (Detectives)	340-3588

APPLICATION FOR ALARM SYSTEM PERMIT

OWNER OF SYSTEM

Name: _____ Mailing Address: _____

Home Phone: _____ Cross Street: _____

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

Name: _____ Alarm Address: _____

Phone: _____ Cross Street: _____

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: _____ Mailing Address: _____

Phone: _____

Name: _____ Mailing Address: _____

Phone: _____

PURPOSE OF ALARM (check all that apply) Burglary____Robbery____Panic____Fire____Medical____

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 # _____

