JEAN ISOM GRANDE
City Clerk

ERIC R. SEELIG
Deputy City Clerk

OFFICE OF THE CITY CLERK

Rome City Hall, 198 N. Washington Street
Rome, New York 13440-5815
Tel.: (315) 339-7659 Fax: (315) 838-1160
www.romenewyork.com

ALARM PERMIT APPLICATION

Please answer all questions completely. If a question is not pertinent, write N/A in the accompanying space. Do not leave any question unanswered. **Incomplete or unanswered questions shall result in a denial of the application.**

PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER LICENSE.

The primary use of this property is a ☐ **BUSINESS** ☐ **RESIDENCE**

Business or Resident Name _____
Address _____
Telephone _____ Email _____
Hours of Operation (if business) _____

OWNER OF LOCATION

Full Name _____
Address _____
Telephone _____ Email _____

SYSTEM INSTALLATION COMPANY

Company _____
Address _____
NYS Lic. No. _____
Contact Person _____

SYSTEM INFORMATION

Security System

Is there a security system? ☐ YES ☐ NO
Local alarm or monitored? ☐ LOCAL ☐ MONITORED
If *monitored*, provide phone number of monitoring company _____

Fire Alarm

Is there a fire alarm system? ☐ YES ☐ NO
Local alarm or monitored? ☐ LOCAL ☐ MONITORED
If *monitored*, provide phone number of monitoring company _____
Is there a knox box on site? ☐ YES ☐ NO

Please note that if you have a fire alarm system, the City of Rome Fire Department has a Knox Entry System. If you would like the Fire Department to have a key to your building, please call (315) 339-7784 for further information.

HAZARDOUS MATERIAL INFORMATION

1. Are hazardous materials stored or maintained at this location? ☐ YES ☐ NO
2. Are material safety data sheets (MSDS) on file? ☐ YES ☐ NO
   If YES, where? _____
   _____

EMERGENCY CONTACTS / KEY HOLDERS INFORMATION

Emergency Contacts and/or Key Holders are individuals who will be contacted in the event that the property owner is unreachable, and no one is responding at the location. **A minimum of two (2) individuals must be listed on this application prior to approval.**

Full Name _____
Address _____
Telephone _____ Email _____

Full Name _____
Address _____
Telephone _____ Email _____

Full Name _____
Address _____
Telephone _____ Email _____

_____
Signature of Applicant

Sworn to before me this _____ day of _____, 20_____.

_____
Notary Public/Commissioner of Deeds

FOR INTERNAL USE ONLY

ROME POLICE DEPARTMENT

☐ APPROVED ☐ DISAPPROVED

_____

Signature Title Date

……

ROME FIRE DEPARTMENT

☐ APPROVED ☐ DISAPPROVED

_____

Signature Title Date

……

CITY CLERK LICENSING INFORMATION

I hereby fix the license fee for the above license at the sum of twenty-five dollars ($25.00) for the registration of the corresponding alarm system.

Date Fee Paid:_____ Fee Exempt: _____

Date Issued: _____ License No.: _____

_____ _____

City Clerk Signature Date