



City of Lowell

Police Department

50 Arcand Drive
Lowell, MA 01852
Phone: (978) 674-1715, Alarm Administrator

Alarm System Permit Registration* For Permit Year 1/1/2011 – 12/31/2011

* A separate registration and fee is required per
Property, Alarm Class, and/or Alarm Type

1 – Basic Information: *

<u>Application Type</u>	<u>Alarm Status</u>	<u>Alarm Class</u>	<u>Alarm Type</u>
<input type="checkbox"/> New	<input type="checkbox"/> Monitored	<input type="checkbox"/> Residential	<input type="checkbox"/> Police/Burglar
<input type="checkbox"/> Renewal/Update	<input type="checkbox"/> Unmonitored (Local)	<input type="checkbox"/> Commercial	<input type="checkbox"/> Fire
<input type="checkbox"/> Reactivation			<input type="checkbox"/> Medical

* Residences or businesses which have only local alarms are not required to obtain a permit under the Alarm Systems Ordinance, but are still subject to the fines, penalties, and appeal fees described within the Alarm Systems Ordinance.

Office Use Only

App Check

Chk No.

Application No.

2 - Property Information:

Property Address: _____ No. of Units: _____

Description of Property/Business: _____
(e.g., single family, two-family, condo, business/business name, etc.)

PARCEL #

3 - Owner/Agent/Occupant Information:

Owner/Lessee Operator/Manager Occupant Other: _____

Contact Name: _____ Date of Birth: _____

Address (NO PO BOX): _____

City, St, Zip: _____ Phone No.: _____

SSOOC

4 – Notification Information: *

CONTACT #1

Name: _____ Phone No.: _____

Address (NO PO BOX): _____

City, St, Zip: _____

CONTACT #2

Name: _____ Phone No.: _____

Address (NO PO BOX): _____

City, St, Zip: _____

CONTACT #3

Name: _____ Phone No.: _____

Address (NO PO BOX): _____

City, St, Zip: _____

* Notification information for a minimum of two (2) persons, for a Single Family Residence, and three (3) persons for all other property who can be notified by the appropriate Enforcement official, in the event of the activation of the Alarm System, who shall be capable of responding to the Premises within thirty (30) minutes, and who are authorized to enter the Premises to ascertain the status thereof.

UPDTD

Permit No.

Owner Notified for Pickup

Please complete and sign the other side!





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5 – Alarm Company/Business Information: *

Company Name: _____ Phone No.: _____

Address (NO PO BOX): _____

City, St, Zip: _____

* On any Alarm Business which has contracted to service the Alarm System at this Premises.

Office Use Only

6 – Alarm System Activation Date/Reason: *

Date: _____ Reason: _____

* The date the Alarm System is placed into operation for any reason, including new activation or reactivation.

Adt'l Docs
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In accordance with the City of Lowell's General Code of Ordinances, Chapter 96, titled "Alarm Systems", by signing below, you:

- **Certify** that the information provided on this Alarm System Permit Registration is complete and accurate. **Agree** to notify the Alarm Administrator of any updates, including keys/codes to alarm panels and activation devices as necessary, within fifteen days of the Owner becoming aware of such changes. **Agree** to provide any other documentation that may be required per the Alarm Systems Ordinance. **Understand** that incomplete Registrations will not be processed.
- **Understand** that a separate Registration and Fee must be submitted per property, Alarm Class, and/or Alarm Type and **Agree** to pay a Fee of \$10 for Residential Alarms** and/or \$15 for Commercial Alarms at the time of Registration/Renewal per Registration. ****There is NO FEE for persons 65+ years of age who are the principal occupant of the premises!**
- **Understand** that unless otherwise suspended or revoked, the Permit is valid for the duration of the Permit Year listed on the Registration (not to exceed one year). **Agree** to maintain/renew this Permit yearly as appropriate.
- **Understand** that keys/codes to alarm panels and activation devices must be delivered in person, and should NOT be mailed!
- **Agree** to submit this Registration in person or via mail along with a check or money-order (NO CASH) for the appropriate Fee payable to "The City of Lowell" to: *City of Lowell Police Department, 50 Arcand Drive, Attn: Alarm Administrator, Lowell MA 01852* and **Agree** to pick up the Permit at the Lowell Police Department once you have been notified by the Alarm Administrator that it has been Issued and is ready for pick up.
- **Understand** that the Owner shall be responsible for the activation of an Alarm System. **Understand** that as the Owner, if you, one of your tenants, or a business/establishment at a property you own, have a "monitored alarm" which may summon police or fire to a residential or commercial property, you are required as the property Owner to ensure that each alarm is registered/renewed each Permit Year. **Understand** that regardless of whether an Alarm System is registered, you remain subject to fines, penalties, and/or appeal fees per the Alarm Systems Ordinance.
- **Agree** that Alarm System Permits are not transferable from one Premises to another or from one Owner to another. **Agree** to keep the Alarm System Permit within the protected Premises for which the Permit was issued. **Agree** to make the Alarm System Permit available for inspection, suspension, or revocation purposes upon the demand of the appropriate Enforcement Official.
- **Agree** to comply with all the provisions of the Alarm Systems Ordinance, and **Understand** that the failure to comply with any of the provisions of the Alarm Systems Ordinance may constitute grounds for the appropriate Enforcement Official to deny the issuance of an Alarm System Permit, or the suspension/revocation of an existing Permit.

Printed Applicant Name and Signature

Date