

**NASHUA POLICE DEPARTMENT**

**BURGLARY/ROBBERY ALARM SYSTEM  
PERMIT APPLICATION**

This application must be completed in full before a permit can be issued. All information must be current. It will be the responsibility of the permit holder to ensure that this information is kept current at all times. Information provided to the Nashua Police Department in compliance with City of Nashua Ordinance Section 78 “**Alarm Systems,**” does not constitute a public record.

**PERMIT FEES:** Residential (Home, Apt., Condo) \$ 5.00  
Non- Residential (Commercial, Business) \$15.00

**EXEMPTIONS:** Principal Occupant age 65 or older  
Government Facility

A permit fee must accompany all permit applications. Checks should be made payable to:

**CITY OF NASHUA**  
PO Box 785  
Nashua, NH 03061-0785

Permits issued under this Ordinance may be suspended or revoked, after notice and hearing. A service fee of **\$25.00** will be imposed for each false alarm in excess of four (4) false alarms in a calendar year.

**OWNER(S) OF RESIDENCE / BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**TYPE OF ALARM SYSTEM:** Central Station \_\_\_\_\_, Tape or Digital Telephone Dialer \_\_\_\_\_,  
Direct Connect \_\_\_\_\_, Local Audible Only (bell, siren) \_\_\_\_\_,  
Combination (describe) \_\_\_\_\_

**ALARM COMPANY:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **DATE SYSTEM WAS INSTALLED:** \_\_\_\_\_

**NOTIFICATION LIST:** Individuals in the NASHUA area, who are to be contacted when the alarm activates. Please list three (3).

	<b>Name</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Person submitting application \_\_\_\_\_ Date \_\_\_\_\_

Position with Firm \_\_\_\_\_ Phone # \_\_\_\_\_

For questions concerning this Ordinance or Permit Application, please contact the Nashua Police Department’s Finance Division, at **594-3609** between 7:30 a.m. and 3:30 p.m.