

POLICE DEPARTMENT

CITY OF NEWARK

220 South Main Street · Newark, Delaware 19711 302.366.7100 · Fax 302.366.7115 · www.newarkde.gov

ALARM PERMIT APPLICATION

Applicant Name:	Phone:			
Business Name:				
Mailing Address:				
Apt/Suite City:	State:	Zip Code:		
Alarm Location (if different from above):		_		
Emergency Contact Information				
PLEASE PROVIDE THREE (3) NAMES AND I	PHONE NUMBERS of	persons who can respond to an alarr		
to grant access and deactivate the alarm.				
A. Name:	Phone:			
B. Name:	Phone:			
C. Name:	Phone:			
Alarm Company Information				
Name:	Phone:			
Address:				
Apt/Suite City:	State:	Zip Code:		
Alarm Monitoring Company Information (if different than Alarm Company)				
Name:	Phone:			
Address:				
Apt/Suite City:				
Alarm Information				
Alarm Type: Residential Commercial - T	ype of business:			
Date of Installation/Conversion/Takeover:				
Dangerous/Special Conditions at Location:				
Alarm Connection Type: (Check all that apply)				
Local Signal (Alarm sounds at location)	Alarm sounds at a moni	toring station		

Alarm	System Type: ***Permit Fee Must A	accompany This A	pplication***		
В	urglary	\$10.00 fee			
\square R	obbery (Panic type alarm)	\$10.00 fee	***DO NOT SEND CASH*** Make checks payable to the City of Newark.		
В	oth Burglary & Robbery Alarm System	s \$20.00 fee			
Reside	nts who are over 65, or have a disability	y, or have been aw	arded funds for the installation of an		
	system by the Delaware Victim's Comp				
	ation fee. If over 65, please provide you				
By sig	ning this application, the applicant here	eby certifies the fol	lowing:		
1.		et of written operat	ing instructions for the alarm system, including		
2.	The alarm installation company has trained the applicant in proper use of the alarm system, including providing instructions on how to avoid false alarms.				
The ap	oplicant further acknowledges the follow	wing:			
1.	1. The Newark Police Department response to an alarm activation may be influenced by factors including, but not limited to, the availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels and prior false alarm history;				
2.	2. Any false statement of a material fact made by an applicant for the purpose of obtaining an alarm registration shall be sufficient cause for refusal to issue or revocation of a registration; and				
3.	. An alarm registration cannot be transferred to another person or alarm site. An alarm user shall inform the alarm administrator of any change that alters any of the information listed on the alarm registration application within five business days of such change.				
Signat	ure:		Date:		
The en	tire alarm ordinance can be found at newarkdo	e.gov under Governm	ent – Municipal Code in Chapter 22 Article XIV		
Do yo	ou have a surveillance camera	a system at yo	ur home or business?		
of the posting The po	Ring Neighbors Portal. This portage requests for surveillance footage w	al allows the polyhen a crime occu	Newark Police Department is a member ice to connect with the community by urs in the area of your home or business. SYSTEM and we are only given video		
Please Apple	consider joining the portal by downl App store or Google Play. You DO	loading the FREE NOT need to ha	Neighbors App by Ring from the ve a Ring camera system to participate.		
Mail co		Police Department - th Main St Newark	Attn: Alarm Ordinance Coordinator DE 19711		
For addi	itional information, please contact Brian Ca	nnon at (302) 366-7	00, ext. 3104 or email bcannon@newark.de.us.		
	FOR	OFFICE USE ONLY			

Check #_

Rec'd:

Amt:

Logged:

Recorded:

Permit #: