

VILLAGE OF BRIARCLIFF MANOR
1111 PLEASANTVILLE ROAD
BRIARCLIFF MANOR, N.Y. 10510



WWW.BRIARCLIFFMANOR.ORG
TELEPHONE: (914) 941-4800
FAX: (914) 941-4837

Dear Home/Business Owner:

Pursuant to Chapter 69 of the code of the Village of Briarcliff Manor, all residences and businesses with a police and fire alarm system must be registered. If you fail to register and the Police or Fire Department is summoned to your home for a false alarm, you will be subject to a \$250.00 fine.

Please note if the property changes ownership a new application and fee must be submitted.

Rates effective June 1, 2008:

- New permit \$75.00
- Annual renewal \$35.00

The law specifies a system of charges for false alarms initiated by a police or fire alarm device in any one year as follows:

1-2 false alarms per year	\$ 0.00
3 false alarms per year	\$ 25.00
4 false alarms per year	\$ 75.00
5 false alarms per year	\$150.00
6 or more false alarms per year	\$250.00

If a false alarm should occur on your premises, the Briarcliff Manor Police Department will notify you by mail that the incident occurred and the applicable fine.

Please complete the enclosed application with remittance payable to: *Village of Briarcliff Manor*.

Sincerely,

Norman R. Campion
Chief of Police

Village of Briarcliff Manor
Application for Permit to
Operate an Alarm System

OFFICE USE ONLY

Date Received: _____
Fee Paid: _____
Approved By: _____
Permit #: _____
Mailed on: _____

I. PERSONAL INFORMATION:

Name: _____

Address: _____

Phone Numbers: _____
Home Work

II. TYPE OF ALARM SYSTEM(S):

_____ Fire
_____ Burglar
_____ Burglar/Panic Combination
_____ Burglar/Fire Combination
_____ Burglar/Panic/Fire Combination
_____ Carbon Monoxide

III. EMERGENCY CONTACTS:

(Those who are authorized to have access to your home in case of an emergency)

a. Name: _____

Phone: _____

b. Name: _____

Phone: _____

IV. THIS APPLICATION IS FOR:

_____ A new installation
_____ A modification to an existing system
_____ An existing system

V. **THIS SYSTEM:**

_____ Will be connected to a private alarm station

_____ Will not be connected to any alarm monitoring facility

VI. **TYPE OF ALARM DEVICE:**

_____ Digital Dialer

_____ Direct Line

_____ An Audible Bell Only

NOTE: Any audible sounds coming from an alarm system must cease after 10 minutes per Village Law

VII. **ALARM SYSTEM COMPANY:**

Name: _____

Address: _____

Phone Number: _____

Alarm Equipment Manufacturer: _____

NOTE: Village Law REQUIRES that your alarm company must have a VALID New York State license to install, service and maintain an alarm.

VIII. **ADDITIONAL INFORMATION:**

Any additional information which may assist Police and/or Fire Department personnel in responding to any calls for service at your residence (i.e.: additional phone numbers, handicapped information, etc.)

IX. FEE:

_____ \$75.00 Permit Fee

X. MAILING INFORMATION:

Please mail this application along with the permit fee to:

Village of Briarcliff Manor
Police Department
1111 Pleasantville Road
Briarcliff Manor, NY 10510

XI. VILLAGE CODE:

A copy of Chapter 69, entitled "Alarms" of the Code of the Village of Briarcliff Manor is available on our website: www.briarcliffmanor.org.

XII. STATEMENT OF LEGAL RESPONSIBILITY:

I hereby submit to the jurisdiction of the Court of the Village of Briarcliff Manor in connection with the Alarm Local Law and agree to be bound by the provisions of the Alarm Law, as may be amended, from time to time.

I also agree to comply with the Village fee schedule for alarm malfunctions, false alarms, and recognize that failure to pay the appropriate fines after the applicable dispute resolution with the Board of Trustees will make me subject to a disconnection of my alarm from Police Headquarters and further penalties under the Village's Alarm Law.

Print Name: _____

Dated: _____

Signature: _____