



WINDSOR POLICE DEPARTMENT
29 UNION STREET
WINDSOR, VERMONT 05089
PHONE: (802) 674-9042, FAX (802) 674-5189
<http://www.windsorvt.org>

WILLIAM P. SAMPSON
CHIEF OF POLICE

BURGLAR ALARM PERMIT

INCOMPLETE FORMS WILL BE RETURNED
WRITE "N/A" WHEN NOT APPLICABLE

Please indicate:

- ☐ BUSINESS PERMIT ☐ OWNER
☐ RESIDENTIAL PERMIT ☐ TENANT

FULL NAME OF PERSON
RESPONSIBLE FOR PERMIT: _____

IF PERMIT IS FOR A BUSINESS
BUSINESS NAME: _____ PHONE: (____) _____ - _____

ADDRESS OF ALARMED PREMISES: _____

BUILDING #: _____ APT/SUITE: _____ SUBDIVISION: _____

CITY: _____ STATE: _____ ZIP: _____ DRIVER'S LICENSE NUMBER: _____ STATE: _____

E-MAIL ADDRESS: _____ SECONDARY E-MAIL ADDRESS: _____

TELEPHONE NUMBERS: HOME: (____) _____ - _____ WORK: (____) _____ - _____ MOBILE: (____) _____ - _____

BILLING ADDRESS - I WOULD LIKE TO RECEIVE MY INVOICE STATEMENTS AT THIS ADDRESS:

ADDRESS: _____ PHONE: (____) _____ - _____
(IF DIFFERENT FROM ABOVE)

CITY: _____ STATE: _____ ZIP: _____ DRIVER'S LICENSE NUMBER: _____ STATE: _____

EMERGENCY CONTACTS: (LIST PERSONS WITH KEYS WHO CAN RESPOND TO THE ALARM WITHIN 15 MINUTES)

NAME: _____ PHONE: (____) _____ - _____ PHONE: (____) _____ - _____
DAY NIGHT

NAME: _____ PHONE: (____) _____ - _____ PHONE: (____) _____ - _____
DAY NIGHT

ALARM CO. NAME: _____ STATE LICENSE #: _____ PHONE: (____) _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MONITORING CO. NAME: _____ STATE LICENSE #: _____ PHONE: (____) _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I hereby agree to comply with all of the requirements of the West Windsor Burglar Alarm Ordinance. I understand that I am responsible for all fines for excessive false alarms and alarm response will be discontinued for non-payment and/or excessive false alarms.

SIGNATURE: _____ DATE: _____

Upon completion, please deliver or mail to: Windsor Police Department, 29 Union Street, Windsor, VT 05089

***** FOR WINDSOR POLICE USE ONLY *****

RECEIPT DATE: ____/____/____

A Tradition of Excellence