



West Dover, Vermont Fire Department



CO & Fire Alarm System Permit Application

Owner Name: _____

Mailing Address: _____

Local Phone: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

e-mail: _____

911 Address: _____

Alarm Installer: _____

Phone: _____

Alarm Monitoring Company:

Name: _____

Phone: _____

Keyholders: It is required to have at least two (2) local caretakers/key holders or one (1) 24-hour property management company in the event of an alarm. The West Dover Fire Department may need to notify a caretaker/key holder to have the alarm reset and/or gain access to the property.

Only one (1) contact needed for 24-hour management, otherwise two (2) contacts needed:

Name: _____

Phone: _____

Name: _____

Phone: _____

I hereby certify that I am the property owner/business owner or authorized agent for the
aforementioned property. I request that in the event the alarm is activated, that a member of
the WDFD be dispatched to investigate the cause of the alarm.

I acknowledge that the WDFD bears no responsibility for the performance of the alarm
equipment.

I have read the Town of Dover Fire and CO Alarm Ordinance and Schedule of Fees and
Fines and understand that I am responsible to comply with the provisions of the ordinance.

Signature: _____ Date: _____

**An application fee of \$25 is required every two (2) years, biennially. Please make
check payable to the West Dover Fire Department and mail it with the application to:
PO Box 911, W. Dover, VT 05356. If you have any questions, you can contact Chief
Werner at (802) 464-8227 or email at fire@doververmont.com**

Directions/Description of Building:

* * * * *

Date Received _____ Registration Fee paid _____

911 address verified: _____ by _____

Approved _____

Recorded by: _____ Date: _____