

**TOWN OF DOVER
BURGLAR ALARM PERMIT APPLICATION**

Applicant: _____ DOB: _____
(Name of Business, Association or Person, if a private home) (Required)

Mailing Address: _____
(Street/Mailing) (City) (State) (Zip)

Telephone Number at Alarm Location: _____

Your Home Telephone Number: _____

Your Work Telephone Number: _____

Your Cellular Phone Number: _____

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

#1 Name: _____ Telephone #: _____

Address: _____

#2 Name: _____ Telephone #: _____

Address: _____

DESCRIPTION OF PROPERTY & LOCATION (Please be exact)

911 Locatable Address (The alarm permit application will not be accepted unless the correct 911 locatable address is posted at the property and visible from the street. Condominium cross references accepted):

Directions: _____

Description of Building: (color, style, number of stories, etc.) _____

ALARM INFORMATION:

Installer/Monitoring Company: _____

Telephone Number: _____

TYPE OF PROEPRTY: (Please circle ONE)

Year Round Residence Seasonal Home Condominium Retail Store Office
Other _____

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 an officer of the Dover Police
Department be dispatched to investigate the cause of the alarm.

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

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

Signed: _____
(Applicant)

Date: _____

**An application fee of \$25.00 is required every two years, biennially. Please make
check payable to the Dover Police Department and mail it with the application to:
Dover Police Department, P.O. Box 124, West Dover, VT 05356. If you have any
questions you can contact the Dover Police Department at (802)464-8722.**



FOR OFFICE USE ONLY

Alarm Code # _____ Date App. & Reg. Fee Received: ____/____/____

Inspected for 911 Address by: _____ Date: ____/____/____

Approved by: _____ Date: ____/____/____