

TOWN OF PITTSFORD Office of the Fire Marshal 11 S. Main Street Pittsford, NY 14534 (585) 248-6265

Alarm Permit Application

In accordance with the Code of the Town of Pittsford, any structure that has a fire alarm which transmits an alarm signal to an alarm company or other party must have an an Alarm Permit on file with the Town.

Make Checks Payable - Town of Pittsford

Two Year Permit - \$20.00

	Name													
Address Information	Address					City				State			Zip Code	
	Phone Number W		Vork Number		Email Addre			SS						
	Mailing Address (if different from above) Name													
	Address				City			State				Zip Code		
Fire Alarm Information	Type of System Fire		Sprinkler	Other										
	System Notifies Private			Alarm Company 911 Communication Center						Other				
	Alarm Monitoring Company			Name								Phone Number		
	Alarm Service Company			Name										
				Address										
				City			Sta		State	Zip Code		Phone Number		
	Location of Alarm Panel													
	Enter Number of Detectors			Smoke: Heat:					Combination:		Other:			
Primary Contact REQUIRED	Name													
	Address								City			State	Zip Code	
	Phone Number			Mobile Number		Work Numb		er Othe		Othe), T			
۵ خ	Name													
Secondary Contact REQUIRED	Address								City			State	Zip Code	
Se C	Phone Number			Mobile Number		Work Numb			er Othe)r			
The applicant hereby certifies that all of the above information is true and correct to the best of their kn and will notify the Town of Pittsford – Office of the Fire Marshal – of any changes to the information on this														
Applica		plicant's N					Application Date							
Permit	Number	Issue Date		Expiration Date	OFFICE USE (ONLY	Chec	k Number	PFD		BFD	ERFD	