



# Rutland City Police Department

108 Wales Street  
Rutland, Vermont 05701  
Telephone: 802-773-1838  
Facsimile: 802-747-9030



## APPLICATION FOR BURGLAR ALARM PERMIT - UPDATE

Date of Application: \_\_\_\_\_

This application must be completed if there are any changes to the current alarm permit. Only complete the fields that need to be changed.

If the location of the alarm or the name of the location is changing, please indicate here the OLD name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alarm Information	
<i>Place an 'X' to indicate if this is a business or residential alarm.</i>	
<input type="checkbox"/> Business Alarm	<input type="checkbox"/> Residential Alarm
Alarm Company:	
Alarm Company's Phone Number:	

Location Information	
<i>The following information pertains to the location that has the alarm</i>	
Name	
Address:	
Phone Number:	
Typical Hours of Operation (if business):	

Alarm Manager/Residential Owner			
Last Name:		First Name:	
Home Address			
Date of Birth:		Phone Number:	

<b>Key Holder Information</b>			
<b><i>First person to be contacted</i></b>			
Last Name:		First Name:	
Address:			
Phone Number:		Anticipated Response Time?	
<b><i>Second person to be contacted</i></b>			
Last Name:		First Name:	
Address:			
Phone Number:		Anticipated Response Time?	
<b><i>Third person to be contacted</i></b>			
Last Name:		First Name:	
Address:			
Phone Number:		Anticipated Response Time?	

### Certification

I hereby certify that there are no willful misrepresentations or falsifications of the information requested on this application. I have read and understand the Rutland City Alarm Ordinance. I understand that the issuance of any permit/s in conjunction with Title 23 Revised Ordinances of Rutland, chapter 4, sections 4180 - 4186, shall not constitute acceptance by the City of Rutland, Vermont for any liability to maintain any alarm equipment, to answer alarms, or for anything in connection therewith.

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Signature of Alarm Owner/Manager Date of Signature

Printed Name: \_\_\_\_\_

**Email this form to [DPS.RCPDRecords@vermont.gov](mailto:DPS.RCPDRecords@vermont.gov) or mail to 108 Wales St, Rutland VT 05701**

**You will receive notification of receipt of this application.**

<b>Department Use Only</b>			
Date Received:		Date of Receipt of Application Sent:	
Date Entered:		Alarm Number:	