



# KITTY HAWK POLICE DEPARTMENT

## APPLICATION FOR AUTOMATIC PROTECTION SYSTEM

Chapter 8, Sections 8-85 through 8-89

### Applicant Information

DATE: \_\_\_\_\_ NAME OF PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS OF WHERE ALARM IS TO BE INSTALLED:  
\_\_\_\_\_

RESIDENCE PHONE #: \_\_\_\_\_ CONTACT PHONE#: If this is 2<sup>nd</sup> residence. \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

Type of Premise:     Primary Residence of Owner     Secondary Residence Owner     Business

Name of the Business: \_\_\_\_\_

### Automatic Protection System Is For The Detection Of:

Fire                       Unauthorized Intrusion                       Emergency Situation (Manual Activation)

### Installation And Maintenance Of Automatic Protection System Is By:

Property Owner                       Alarm System Company                       Other: \_\_\_\_\_

### Complete, If Installation and Maintenance is Performed by Alarm System Company

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Type of Signaling Device:

Voice Alarm Message Transmitted Over Regular Telephone Line  
 Electrically Transmitted Pulse Over Dedicated Line to Receiver  
 Other: \_\_\_\_\_

### If Electrically Transmitted Pulse To Receiver, Give Address of Receiver:

Address of Receiver: \_\_\_\_\_

### If Receiver Is At Alarm System Business, Give 24-Hour Contact Phone Number:

Contact Number: \_\_\_\_\_

**Person Responsible For Resetting The Alarm System At This Location In The Event Of False Alarms (Key Holder):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*“The owner of the premises for which this permit is issued, by his acceptance thereof, agrees for himself, his lessees, agents, heirs, successors and assigns, that for so long as an automatic protection system is installed on the premises he shall hold the Town of Kitty Hawk harmless and the Town of Kitty Hawk, its agents and employees shall not be liable for any damage to the premises caused by entry of any member of the Kitty Hawk Police Department or Volunteer Fire Department or its members in response to an alarm initiated by the automatic protection system.”*

Signature of Applicant: \_\_\_\_\_  Property Owner  Agent For Owner

**Official Approval / Disapproval**

Application:  Approved  Disapproved Date of Approval / Disapproval: \_\_\_\_\_

Signature of Official: \_\_\_\_\_  Chief Of Police

Reason For Disapproval: \_\_\_\_\_