



**KENNETH W. LACK**  
CHIEF OF POLICE

SERVING THE VILLAGES OF  
★ BROOKVILLE ★ COVE NECK ★ MATINECOCK ★ MILL NECK

## **BROOKVILLE POLICE DEPARTMENT**

195 BROOKVILLE ROAD • BROOKVILLE, NEW YORK 11545

EMERGENCY: 911      OFFICE: 516-440-2300

EMAIL: KLACK@BROOKVILLEPOLICENY.GOV

Dear Resident,

Local Law requires persons with burglar alarm systems to obtain a permit in order to receive Police Department response to alarm activations. This Law applies to existing systems as well as new installations.

Failure to comply may subject you to a fine of \$250.00.

Attached on the website are the required application forms for use in obtaining a new permit for your alarm system. Please complete the forms and return them to this Department within 30 days of the new installation, together with a check in the amount of \$50 (fifty) dollars, the prescribed new permit fee, made payable to the Brookville Police Department.

You can pay and fill out the required information on our **website** [www.brookvillepoliceny.gov](http://www.brookvillepoliceny.gov) or mail us the check and the required information.

Should you have any questions or require additional information, please call 516-440-2300 between 9:00am and 5:00pm weekdays.

Very Truly Yours,

Kenneth Lack  
Chief of Police

**BROOKVILLE POLICE DEPARTMENT FALSE  
ALARM REDUCTION EFFORT  
RECOMMENDED PREVENTION TECHNIQUES**

- 1) Utilize your Brookville Police Department cancellation code in any circumstance where you suspect you may have activated your alarm system in error.
- 2) Notify your alarm servicing company immediately of any irregular condition or symptoms that may affect proper operation especially if you have trouble disarming your system.
- 3) Educate household members and employees of cancellation codes and alarm operation.
- 4) Before you arm your system, check that all protected doors and windows are properly locked or latched. Many unnecessary alarms are caused by doors/windows opened by the wind, pets, visitors, etc. Repair/replace unreliable latches. Do not rely on a system "ready light", it cannot tell if doors are fully latched or if windows are fully closed. You must check this every time yourself.
- 5) Before you arm your system, check all areas covered by motion sensors. Look for anything that might trip the sensor: Halloween decorations, flickering Christmas or window lights, rotating Christmas trees, space heaters, balloons, hanging signs, etc.
- 6) Leave premises promptly after arming. Disarm promptly after entering. If you forget something just after leaving disarm the system and start over. Don't try to "beat the clock!".
- 7) Warn all occasional users, such as cleaning services, real estate agents and visiting family members, not to enter your premises unless they can competently disarm your systems.
- 8) Keep your Police Department and alarm company up to date on changes in the names or phone numbers for yourself and all other key holders or alarm respondents. Provide an adequate list of vacation time key holders who can respond in a timely manner. Be sure your house number or name is clearly visible from the road.
- 9) If you plan to leave for extended periods of time, check with your alarm company before lowering the heat. Cold temperature may affect the proper operation of many alarm sensors and control equipment. Always notify the Brookville police Department of any extended absences or vacation.
- 10) Conform with local laws requiring yearly inspection. All contacts, sensors, back up equipment and audible devices should be checked and properly maintained.

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# BROOKVILLE POLICE DEPARTMENT

195 Brookville Road, Brookville, NY 11545

## NEW ALARM USER PERMIT APPLICATION

Serving the Villages of:

Brookville, Matinecock, Mill Neck, Cove Neck

PLEASE REMIT \$50.00 APPLICATION FEE PAYABLE TO:

“BROOKVILLE POLICE DEPARTMENT” WITH APPLICATION

**Instructions:** All Questions **MUST** be answered completely

DATE \_\_\_\_\_ VILLAGE \_\_\_\_\_ FORMER OWNER: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

PREMISES ADDRESS: \_\_\_\_\_

(ADDRESS AT WHICH ALARM IS INSTALLED)

TYPE OF ALARM: ( ) CENTRAL STATION ( ) EXTERIOR BELL/SIREN

ALARM SYSTEM IS ( ) EXISTING ( ) NEW ( ) DATE INSTALLED \_\_\_\_\_

NAME OF MONITORING FIRM, ADDRESS, PHONE NUMBER:

\_\_\_\_\_

NAME & ADDRESS OF INSTALLING COMPANY:

\_\_\_\_\_

MAKE OF EQUIPMENT: \_\_\_\_\_ DOES SYSTEM INCLUDE FIRE ALARM? Y OR N

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

#1 \_\_\_\_\_ TEL: # \_\_\_\_\_  
HOME AND/OR CELL #

#2 \_\_\_\_\_ TEL: # \_\_\_\_\_  
HOME AND/OR CELL #

(REFER TO ITEM NO. 6 OF AGREEMENT ON REVERSE SIDE)

A SIMPLE DIAGRAM OR STATEMENT INDICATING THE LOCATION OF SYSTEM DETECTORS AND A DESCRIPTION OF THE TYPES OF DETECTORS USED MUST BE INDICATED IN SPACE PROVIDED BELOW.

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

Please turn over .....

## AGREEMENT

IT IS UNDERSTOOD AND AGREED BY THE UNDERSIGNED THAT:

1. The alarm system is considered only as a convenience to the permit holder or authorized occupant and an operational aid to the police.
2. The police shall not be held liable for any failure to respond to an alarm.
3. This application is subject to the approval of the Chief of Police and may be revoked by the Chief of Police.
4. The permit holder shall allow inspection of the alarm system by authorized representative of the police.
5. If the alarm is activated and the permit holder or authorized occupant is absent from the premises protected by the alarm, the police shall be permitted to enter the premises without incurring any liability for the purpose of:
  - a. searching for intruders
  - b. extinguishing fires
  - c. making necessary adjustments to the alarm system.
6. The applicant agrees to designate a friend, neighbor, relative or other person to hold and have available to the police, a key to the premises and a key or code to the alarm system.
7. All outside audible alarm systems shall have an automatic cut-off set for not more than fifteen (15) minutes.
8. Dialer type alarm systems must send NO MORE THAN TWO messages upon activation, and shall be programmed to dial a Police Department approved telephone number for alarm system. Under no circumstances shall any alarm system be programmed to dial 911 or 516-440-2300.
9. Has an audible signal which can be clearly heard in all portions of the protected structure when the alarm system is automatically activated, except for a silent, panic or hold-up activation.
10. The alarm system contains a 30 second time lapse between initial activation of the alarm system and transmission of the alarm signal to the Police Department or Central Alarm Station with an abort feature or alternate means of canceling the alarm signal within the 30 second period. An abort feature shall not be required for devices specifically designed to enable an alarm user to intentionally activate the alarm system.
11. The approval of the Police Department as to the suitability and quality of all devices, equipment and hardware and the approval of the Underwriters Laboratories.
12. Contains such other technical features or requirements as shall be provided in the rules and regulations governing alarm systems.
13. The applicant hereby acknowledges that;
  - a. He/She has read or is familiar with the Village General Ordinance regarding alarm systems.
  - b. He/She shall be responsible to pay all charges for false alarms.
  - c. The alarm system must be installed by a LICENSED INDIVIDUAL OR FIRM.
  - d. An Alarm User Permit MUST accompany this application when submitted to the Police Department.
14. An Alarm Installation Permit MUST accompany this application when submitted to the Police Department.

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(SIGNATURE OF APPLICANT)

DATE ISSUED \_\_\_\_\_

FAILURE OF ANY ALARM USER TO OBTAIN A PERMIT AS REQUIRED CONSTITUTES A VIOLATION AS DEFINED IN THE VILLAGE ORDINANCE. AN ALARM USER SHALL MEAN ANY PERSON WHO OWNS, RENTS OR OTHERWISE OCCUPIES PREMISES ON WHICH AN ALARM SYSTEM IS OWNED, OPERATED, USED OR MAINTAINED.

BROOKVILLE POLICE DEPARTMENT  
195 BROOKVILLE ROAD, BROOKVILLE, NY 11545

CENSUS INFORMATION

OWN OR RENT

OWNER LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_

MARRIED: Y / N SPOUSE/PARTNER FIRST NAME: \_\_\_\_\_

IF RENTING: (RENTER: LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_

MARRIED: Y / N SPOUSE/PARTNER FIRST NAME: \_\_\_\_\_

LOCATION ON PROPERTY: EX: COTTAGE, MAIN HOUSE, OTHER: \_\_\_\_\_

*(CONTINUE FILLING OUT INFORMATION BELOW WITH YOUR INFORMATION)*

ADDRESS: \_\_\_\_\_ VILLAGE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ CELL # (s): \_\_\_\_\_

BUSINESS: OCCUPATION/POSITION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PH #: \_\_\_\_\_

CHILDREN: Y / N: IF YES....HOW MANY: \_\_\_\_\_ AGES: \_\_\_\_\_

HOUSEHOLD HELP: Y / N IF YES... F/T OR P/T OR LIVE IN

DOGS: Y / N , IF YES, HOW MANY \_\_\_\_\_ TYPE(S): \_\_\_\_\_

OWN GUNS: Y / N , IF YES,

TYPE: \_\_\_\_\_ QTY. \_\_\_\_\_ DESCRIPTION(S) \_\_\_\_\_

IF PISTOLS: PERMIT # \_\_\_\_\_ TYPE: \_\_\_\_\_ COUNTY OF ISSUE: \_\_\_\_\_

EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

MISCELLANEOUS INFO (HEALTH CONDITIONS, HANDICAPS, GATE CODES, ETC):