

**TOWN OF MOULTONBOROUGH  
AUTOMATED SIGNAL DEVICE PERMIT  
FIRE/MEDICAL/POLICE**

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

Name of owner/business: \_\_\_\_\_

Address (Moultonborough): \_\_\_\_\_

\_\_\_\_\_

Address (Other): \_\_\_\_\_

\_\_\_\_\_

Phone number(s) home/work: \_\_\_\_\_

Owner or caretaker to contact in case of emergency: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Location/directions to property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outside alarm? Yes \_\_\_\_\_ No \_\_\_\_\_

Area alarmed: \_\_\_\_\_

\_\_\_\_\_

Location of reset: \_\_\_\_\_

Approved by: Name/Title/Department: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_