*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/BUSINESS PHONE #: | | | | | CONTACT PHONE#: If this is 2nd residence. | | | | CELL PHONE #: | |
| Type of Premise: | |  | | | |  | | | |  |
| Name of the Business: | | | | | | | | | | |
| ***Automatic Protection System Is For The Detection Of:*** | | | | | | | | | | |
|  |  | | | | | |  | | | |
| ***Installation And Maintenance Of Automatic Protection System Is By:*** | | | | | | | | | | |
|  | | | |  | | | |  | | |
| ***Complete, If Installation and Maintenance is Performed by Alarm System Company*** | | | | | | | | | | |
| Business Name: | | | | | | | | Phone #: | | |
| Address: | | | | | | | | | | |
| ***Type of Signaling Device:*** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| ***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: | | | | | | | | | | |
| ***Official Approval / Disapproval*** | | | | | | | | | | |
| Application:  Date of Approval / Disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Signature of Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Reason For Disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

KH-134 Revised 8/19/2019

***The completed form can be email, faxed or mailed to the Kitty Hawk Police Department.***

Mail: Kitty Hawk Police Department

P.O. Box 2319

Kitty Hawk, NC 27949

Email: [administrationpd@kittyhawktown.net](mailto:administrationpd@kittyhawktown.net)

Fax: 252-261-2823