



**ORDINANCE VIOLATIONS BUREAU  
MANCHESTER POLICE DEPARTMENT  
1 CITY HALL PLAZA PO BOX 1630  
MANCHESTER, NH 03105-1630  
603.624.6546 - [ovb@manchesternh.gov](mailto:ovb@manchesternh.gov)**

**SENIOR CITIZENS INTRUSION  
ALARM SYSTEM PERMIT  
APPLICATION**

1. If you are 65 or older you are exempt from the cost for Residential Alarm Permits, but still must fill out the form.
2. Burglary alarm permits are now issued by the Ordinance Violations Bureau.
3. Applications must be completely filled out, please print clearly.
4. Please do not put "SAME AS LAST YEAR".
5. For each contact please list phone number(s).
6. Applications can be e-mailed ([ovb@manchesternh.gov](mailto:ovb@manchesternh.gov)) or Mailed: Ordinance Violations Bureau, One City Hall Plaza, Manchester, NH 03105-1630

**LOCATION OF RESIDENTIAL ALARM SYSTEM**

RESIDENTIAL ONLY ONE FULL NAME	DOB	HOME PHONE #	
STREET ADDRESS	WORK #	CELL #	
Type of Application: (CHECK ONE)	Original	Renewal	If Renewal put
Type of Alarm Monitoring: (CHECK ONE)	Company	Local only	Alarm Permit #
Regulates Protection For:	Burglary		
Type of Alarm: (CHECK ONE)	Residential		

**ADDITIONAL CONTACTS**

**Please list at least two additional people to contact if an alarm goes off. These individuals must have access to the premises and the necessary codes for alarm deactivation.**

Name: _____	Phone: _____	Cell: _____
Name: _____	Phone: _____	Cell: _____
Name: _____	Phone: _____	Cell: _____

**ALARM MONITORING COMPANY**

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

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

Last Inspection Date: \_\_\_\_\_ Install By & Date: \_\_\_\_\_

Payment is due within 30 days, please put  
Alarm Permit # on check and mail to OVB.  
Address at top

**Form Submitted by** \_\_\_\_\_

**Date** \_\_\_\_\_

Clear Form

Print