

**WEST DOVER Fire Department (WDFD)  
CO/Alarm System Permit Application**

**Owner: Name:** \_\_\_\_\_

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

Local Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**911 Address:** \_\_\_\_\_

**Alarm Installer:** \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Alarm Monitoring Company:**

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

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Keyholders:** It is required to have at least two (2) local caretakers/key holders or one (1) 24-hour property management company in the event of an alarm. The West Dover Fire Department may need to notify a caretaker/key holder to have the alarm reset and/or gain access to the property.

**one (1) contact necessary only for 24-hour management, otherwise two (2) contacts needed:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_ - \_\_\_\_\_

I hereby certify that I am the property owner/business owner or authorized agent for the aforementioned property.

I request that in the event the alarm is activated, that a member of the WDFD be dispatched to investigate the cause of the alarm.

I acknowledge that the WDFD bears no responsibility for the performance of the alarm equipment.

I have read the Town of Dover Fire and CO Alarm Ordinance and Schedule of Fees and Fines and understand that I am responsible to comply with the provisions of the ordinance .

\_\_\_\_\_  
**Signature**

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

**An application fee of \$25 is required every two (2) years, biennially. Please make check payable to the West Dover Fire Department and mail it with the application to: PO Box 911, W. Dover, VT 05356. If you have any questions, you can contact Chief Werner at (802) 464-8227.**

**Directions/Description of Building:**

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

.....  
**Date Received** \_\_\_\_\_

**Registration Fee paid** \_\_\_\_\_

**911 address verified** \_\_\_\_\_ **by** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Recorded by:** \_\_\_\_\_ **Date:** \_\_\_\_\_