

TOWN OF HAMILTON

Commonwealth of Massachusetts

FIRE DEPARTMENT - BUREAU OF FIRE PREVENTION

265 Bay Road Hamilton, MA 01982

TELEPHONE 468-5558

APPLICATION TO INSTALL FIRE ALARM

DATE _____

TO: HEAD OF FIRE DEPARTMENT

DIG SAFE NUMBER _____

HAMILTON
(CITY OR TOWN)

START DATE _____ 19 _____

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 148, MGL AS PROVIDED IN
SEC: _____ APPLICATION IS HERBY MADE BY _____

NAME : _____
(FULL NAME OF PERSON, FIRM OR CORPORATION)

ADDRESS : _____
(STREET OR P.O. BOX) (CITY OR TOWN)

STATE CLEARLY
PURPOSE FOR
WHICH PERMIT
IS REQUESTED

FOR PERMISSION TO: _____

AT: _____
(STREET ADDRESS)

NAME OF COMPETENT OPERATOR: _____ CERT. NO _____

DATE ISSUED-REJECTED _____ BY _____
(SIGNATURE OF APPLICANT)

DATE OF EXPIRATION: _____ FEES _____ PAID-DUE _____

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DATE _____

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DIG SAFE NUMBER _____

HAMILTON
(CITY OR TOWN)

START DATE _____ 19 _____

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 148, MGL AS PROVIDED IN
SEC: _____ APPLICATION IS HERBY MADE BY _____

NAME : _____
(FULL NAME OF PERSON, FIRM OR CORPORATION)

STATE CLEARLY
PURPOSE FOR
WHICH PERMIT
IS REQUESTED

FOR PERMISSION TO: _____

RESTRICTIONS: _____

AT: _____
(STREET ADDRESS)

NAME OF COMPETENT OPERATOR: _____ CERT. NO _____

DATE ISSUED-REJECTED _____ BY _____
(SIGNATURE OF OFFICIAL)

DATE OF EXPIRATION: _____ FEES _____ PAID-DUE _____