INVOICE for 2025

TOWN OF NIAGARA

7105 Lockport Road, Niagara Falls, NY 14305



To: REGISTERED BUSINESS IN TOWN OF NIAGARA

WITH ALARMS

(If you don't have an alarm disregard this Invoice) (All mall stores have an alarm)

Instructions:

MAKE CHECK PAYABLE TO: Town of Niagara/Cash or Card also accepted in house only. THIS REGISTRATION IS SEPARATE FROM YOUR BUSINESS/SIGN REGISTRATION.

PLEASE COMPLETE THE ENCLOSED INFORMATION FORM.

LOCAL LAW §97-4 REQUIRES BUSINESSES TO ANNUALLY REGISTER THEIR ALARM SYSTEM (BURGLAR, FIRE OR SUPRESSION) WITH TOWN OF NIAGARA.

LOCAL LAW §97-5 (B) STATES THAT STARTING WITH FALSE ALARM SIX (6), THROUGH SEVEN (7) A FEE OF \$25.00 FOR EACH OCCURRENCE WILL BE LEVIED AGAINST THE PREMISES. THE §97-5 (C) STATES FALSE OCCURRENCES EIGHT (8), AND OVER, THE FEE WILL BE \$50.00 EACH.

FAILURE TO REGISTER OR PAY FINES WILL RESULT IN A COURT SUMMONS.

IF YOU DO NOT HAVE AN ALARM, PLEASE LET US KNOW.

THE DECAL IS ALREADY IN YOUR WINDOW WITH A NUMBER ON IT, SHOULD YOU NOT HAVE A DECAL, LET US KNOW AND ONE WILL BE SENT TO YOU.

THANK YOU FOR YOUR COOPERATION.

TOTAL AMOUNT DUE:

\$25.00

Tel: 716-297-2150 ext. 126

Fax: 716-297-9262

Email: bealy@townofniagara.com

Web: www.townofniagara.com

TOWN OF NIAGARA BUSINESS ALARM INFORMATION 2025

(If you do not have an alarm please do not complete this form)
(All Mall Stores Have an Alarm)

Decal Number	er (Previously Issued by the Town)
	be used for annual billing purposes)
Business Name:	
Business Address:	
Billing Address (if different) _	
City:	State: Zip:
Telephone Number:	Fax Number:
Hours of Operation:	Days of Week:
	Alarm Information
Telephone Number:	
Emerge	ency Notification Information
Name:	Title:
Address:	City:
Telephone Number:	
Annual Fee: □ \$25.00 Please make	check/money order payable to Town of Niagara. d also accepted in house only. rned to applicant due to: