



PLUMSTEAD TOWNSHIP POLICE DEPARTMENT

BUSINESS ALARM REGISTRATION \$15.00

****PLEASE PRINT****

All information must be filled in

PROPERTY LOCATION:	NO. _____ STREET: _____
OWNER OF PROPERTY:	NAME: _____ ADDRESS (ST) _____ MAILING: _____ CITY, STATE, ZIP _____ PHONE # _____
<i>IF PROPERTY IS LEASED PLEASE PROVIDE THE FOLLOWING:</i>	
LESSEE	WHO IS RESPONSIBLE FOR ALARM OWNER: _____ LESSEE: _____ NAME: _____ ADDRESS (ST) _____ MAILING: _____ HOME PHONE # _____ CELL PHONE # _____
TYPE OF ALARM: <small>Please check all that apply</small>	LOCAL ____ TAPED DIALER ____ CENTRAL STATION ____ AUDIBLE ____ PANIC ____ BURGLAR ____ FIRE ____ HOLD UP ____ OTHER ____ <small>Please specify if other</small>
ANIMALS IN BUSINESS: (PLEASE LIST ANY GUARD ANIMALS OR PETS) _____	
ALARM COMPANY	NAME: _____ ADDRESS _____ CITY, STATE, ZIP _____ PHONE # _____
IS YOUR BUSINESS NUMBER PROPERLY DISPLAYED AND VISIBLE FROM THE STREET? _____	
NAME AND TELEPHONE NUMBERS OF AT LEAST TWO PEOPLE OTHER THAN USER, THAT HAVE KEYS AND AUTHORIZATION TO ENTER BUSINESS AFTER HOURS:	
NAME: _____ TITLE _____ PHONE # _____	
NAME: _____ TITLE _____ PHONE # _____	
NAME: _____ TITLE _____ PHONE # _____	
I the undersigned applicant understand as a condition to the issuance of a permit to abide by the conditions of the ALARM ORDINANCE	
_____	_____
APPLICANT NAME	APPLICANT SIGNATURE
DATE	

POLICE DEPARTMENT USE ONLY

DATE _____ PERMIT # _____ CHECK # _____ CASH _____ AMOUNT _____
APPLIED IN PERSON _____ BY MAIL: _____

APPLICATION ACCEPTED BY: _____