



PLUMSTEAD TOWNSHIP POLICE DEPARTMENT

RESIDENTIAL 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 _____	
	RES. PHONE # _____ BUS PHONE #'S _____	
	CELL PHONE # _____	
<i>IF PROPERTY IS LEASED PLEASE PROVIDE THE FOLLOWING:</i>		
LESSEE	NAME: _____	
	ADDRESS (ST) _____ MAILING: _____	
	RES PHONE # _____ BUS PHONE #'S _____	
	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 THE HOUSE:	DOGS _____ CATS _____ OTHER _____	
ALARM COMPANY	NAME: _____	
	ADDRESS _____	
	CITY, STATE, ZIP _____ PHONE # _____	
IS YOUR HOUSE 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 HOME AFTER HOURS FOR EMERGENCY PURPOSES: (Must be filled in)		
NAME: _____	PHONE # _____	
NAME: _____	PHONE # _____	
NAME: _____	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: _____