



DOYLESTOWN TOWNSHIP POLICE DEPARTMENT
425 WELLS ROAD, DOYLESTOWN, PA 18901

APPLICATION FOR ALARM SUPPLIERS LICENSE

Instructions: Please fully complete all sections of this application and return it with the \$25.00 annual processing fee made payable to "Doylestown Township Police Department" along with an up-to-date copy of your Certificate of Liability Insurance.

If you have any questions please contact, Alarm Ordinance Coordinator, Janet Casey at 215.348.4201 or by email at jcasey@doylestownpa.org.

All information furnished pursuant to this application shall be kept confidential and shall be for the authorized use of this Police Department only.

1. Have you received and read a copy of Chapter 54, Doylestown Township Alarm Systems Ordinance, providing the regulations, licensing, and management of alarms within the township and providing penalties for violations of this ordinance. Yes _____ No _____

If one was not provided, the ordinance can be found on our website www.doylestownpa.org/police

2. Supplier Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

3. List names of all owners, corporate officers, and or other person(s) authorized to act on behalf of the Alarm Supplier: _____

4. Insurance Information: (company providing General Liability Insurance Coverage)

Name: _____
Address: _____
City, State, Zip: _____
Policy Number: _____

5. *Be sure to attach approved certification of General Liability Insurance Coverage in amount specified by Ordinance.*

