



DOYLESTOWN TOWNSHIP POLICE DEPARTMENT

425 WELLS ROAD, DOYLESTOWN, PA 18901

Permit #: _____

APPLICATION FOR ALARM USERS PERMIT

Instructions: Please fully complete all sections of this application and return it with the (one time) \$10.00 processing fee made payable to "Doylestown Township Police Department". *If applicant is over 65, the fee will be waived, please specify. Please print information clearly and neatly.*

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. Applicant Information:

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

3. Residence/ Business Where Alarm Is Installed (If same as #2 please indicate "same")

Name: _____
Address: _____
City, State, Zip: _____
Phone Number Where Installed: _____
Contact Name: _____
E-Mail: _____

4. Description of premises where alarm is installed (color, type of construction, nearest cross street, etc.): _____

5. Alarm Supplier Installer Information:

Alarm Company: _____
Business Address: _____
City, State, Zip: _____
Phone Number: _____
E-Mail: _____

6. Alarm Monitoring Company (if applicable) Name: _____
Contact Information _____
Name of Monitoring Company: _____
Business Address: _____
Phone Number: _____
E-Mail: _____

7. Personnel and service information (all types of alarm systems):

List names, addresses and phone numbers of all persons that are authorized to be on the premises (Include all family members residing at dwelling and employees authorized to be on the premises during or other than normal business hours): _____

Name, address and phone numbers of at least 2 persons, other than the alarm user or alarm supplier responsible for maintaining the system who could be contacted to secure the premises if necessary:

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

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

8. Type of Alarm System (please check all that apply):

Burglar _____ Fire _____ Medical Emergency _____ Other _____

9. Alarm System Data:

Manufacturer: _____
Serial Number: _____
Model Number: _____
Underwriters Laboratories Approved: Yes _____ No _____

10. Type of notification:

Audible Alarm: Yes _____ No _____

Type (bell, siren, etc) and location of device: _____

Automatic Dialing Device: Yes _____ No _____

(If yes, include names, addresses and phone numbers of Central Station, answering service or other persons/organizations to whom message is sent or by whom it is received):

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Time Delay before automatic shut off in case of audible alarm: _____

If automatic dialing device using a voice message, provide complete text of message: _____

11. Data for medical emergency alarms: Please list name of person(s) necessitating need for medical emergency alarms (include date of birth), nature of illness, medications used, and list names, addresses, and phone numbers of physician(s) attending to person necessitating need for medical emergency alarm: _____

If person(s) necessitating medical emergency alarm is not ambulatory or is in such condition as to prevent free movement, indicate where they would normally be found in the dwelling (i.e. second floor bedroom, N.E. corner of house): _____

12. If there are any hazards in the dwelling, such as a dog, oxygen in use, etc., of which emergency personnel should be aware, please list: _____

13. Data for fire alarms:

Type of sensors used: Smoke _____ Heat _____ Water Flow _____ Other _____

List any known hazardous materials present on the premises and their location: _____

14. Data for hold up alarms:

List type of activation method(s) used and location of each: _____

List names and titles of person(s) authorized to verify status of an alarm once activated: _____

In signing below, the applicant acknowledges they understand the Rules and Regulations concerning the issuance of an Alarm User's Permit and agree to abide by such Rules and Regulations.

Applicant's Signature

Title

Date