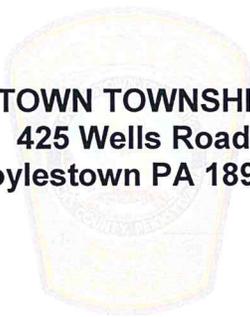


**DOYLESTOWN TOWNSHIP POLICE**  
**425 Wells Road**  
**Doylestown PA 18901**

Dean Logan  
Chief of Police

Tel# (215) 348-4201  
FAX# (215) 230-0104



Permit #: \_\_\_\_\_

**ALARM USER'S INFORMATION**

Instructions: Please fully complete all sections of this application and return it with the (one time) **\$25.00 processing fee** made payable to: Doylestown Township Police Department.

If you have any questions please contact, Alarm Ordinance Coordinator, Janet Casey at 215.348.4201 or by email at [jcasey@doylestownpa.org](mailto: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. Please 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 which can be found on our website: [www.doylestownpa.org/police](http://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")

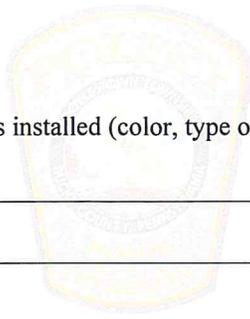
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number Where Installed: \_\_\_\_\_

Contact Name & Email: \_\_\_\_\_



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

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5. Alarm Supplier Installer Information:

Alarm Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number and E-Mail: \_\_\_\_\_

6. Alarm Monitoring Company (if applicable)

Name of Company: \_\_\_\_\_

Contact Information \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number and E-Mail: \_\_\_\_\_

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

List names and phone numbers of all persons that are authorized to be on the premise and/or secure the residence if needed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

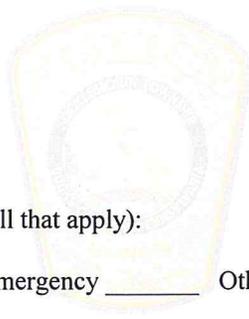
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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

Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Medical Emergency \_\_\_\_\_ Other \_\_\_\_\_

9. Type of notification:

Audible Alarm: Yes \_\_\_\_\_ No \_\_\_\_\_

Type (bell, siren) and location of device: \_\_\_\_\_

Automatic Dialing Device: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

10. Data for fire alarms:

Type of sensors used: Smoke \_\_\_ Heat \_\_\_ Water Flow \_\_\_ Other \_\_\_\_\_

11. Data for medical emergency alarms: Please list name of person(s) necessitating need for medical emergency alarms and phone number of physician or aide for that person(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. If there are any hazards in the dwelling of which emergency personnel should be aware (such as oxygen in use, hazardous materials or pets):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Data for hold up alarms:

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

\_\_\_\_\_  
\_\_\_\_\_



14. If you are going on vacation, please go to our website, [www.doylestownpa.org](http://www.doylestownpa.org) and fill out a house check request. List the name and number of family or friends who can be called upon to deactivate the alarm if necessary.

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.

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Applicant's Signature	Title	Date
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**Please contact this department if any of the above information changes. Thank you**