



Zelienople Borough Police Department

111 W. New Castle St.
Zelienople, PA 16063
Phone 724-452-3003
Fax 724-452-7840

ALARM PERMIT APPLICATION



INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

1	Alarmed Location *		
Occupant Name or Business Name _____			
Address _____			Suite/Apt# _____
City _____	State _____	Zip _____	
Ph1* _____		Ph2* _____	

2	Permit Holder/Responsible for Alarm/Mailing Address if Different		
Name _____		DL# _____	Ph1* _____
Address _____		Suite/Apt# _____	Ph2* _____
City _____	State _____	Zip _____	Ph3 _____
		Email _____	Ph4 _____

3	Contact Names	List two <i>local</i> people to contact in the event of an alarm, at least 18 years of age. (Must be able to respond within 30 minutes.)
Contact 1	Name _____	Ph1 _____
Contact 2	Name _____	Ph2 _____
	Name _____	Ph1 _____
	Name _____	Ph2 _____

4	Alarm Companies	<input type="checkbox"/> Not Monitored
Monitored by _____		Ph1 _____
Installed by _____		Ph2 _____
Alarm Type _____	Manufacturer _____	Model# _____

*** Must be completed before submission of registration form.**

I have read the completed application and the above listed information is correct to the best of my knowledge.

I hereby agree that if a permit is issued, I will comply with all the provisions of the Borough of Zelienople Ordinance #798-09. I understand that I will be responsible for payment of all fees and charges and any civil action, which may arise from the operation of this alarm system.

Office Use Only
Permit _____
Date Issued _____

Signature

Date