

PENNRIDGE REGIONAL POLICE

1027 Ridge Road • Sellersville, PA 18960 • Phone: (215) 257-5104 • Fax: (215) 257-9324

David A. Mettin, Chief of Police

PERMIT # _____

APPLICATION FOR ALARM USER'S PERMIT

Instructions: Please fully complete all sections of this application and return it with the (one time) \$25.00 processing fee.

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

GENERAL INFORMATION

1. Have you received and read a copy of the East Rockhill Township / West Rockhill Township "Alarm Ordinance", providing for the regulation, permitting and management of alarms within the jurisdiction of the Pennridge Regional Police Department? YES _____ NO: _____
2. Name of alarm user: _____
3. Address of alarm user: _____

4. Phone number of alarm user: _____
5. Name of location where alarm is installed (if same as alarm user, indicate "same"): _____
6. Street address of location where alarm is installed (include unit number, suite number if applicable):

7. Phone number of location where alarm is installed: _____

8. Describe the location of the location where the alarm is installed (color, type construction, nearest cross street):

9. Type of alarm system:

Burglar _____ Fire _____ Medical _____ Panic _____ Other _____

10. Manufacturer: _____

Serial Number: _____

Model Number: _____

11. Audible Alarm: YES _____ NO _____

12. Automatic Shut Off YES _____ NO _____

13. Automatic Dialing: YES _____ NO _____

If yes, list all names, and phone numbers of the Central Monitoring company:

14. Date of installation: _____

15. List *at least three* individuals that are authorized to respond and secure the property or gain access to the property if required by emergency services personnel (provide names, addresses and phone numbers):

MEDICAL EMERGENCY ALARMS INFORMATION (IF APPLICABLE)

1. Name of person(s) necessitating need for medical emergency alarms (include dates of birth):

2. List nature of illness or condition:

3. List medications or medical devices used on an ongoing basis by the individual:

FIRE ALARM INFORMATION (IF APPLICABLE)

1. Type of sensor used: SMOKE _____ HEAT _____
WATER FLOW _____ OTHER _____

2. List any known hazardous materials present on the premises and their location (If police and fire departments are already aware of hazardous or potentially hazardous materials, do not complete):

3. Are evacuation plans in place in the event of a fire:

YES _____ NO _____

4. If evacuation plans are in place, list the location(s) where family members/employees report:

HOLD UP ALARM INFORMATION

1. Does your business/residence utilize a "hold up"/ "panic" alarm:

YES _____ NO _____

2. List the names and titles of those persons who are authorized to verify the status of the alarm once activated:
