



LOWER NAZARETH TOWNSHIP

ALARM SYSTEMS AND/OR AUTOMATIC PROTECTION DEVICES PERMIT

***Note:** This document is used to register your alarm system with the Township. The "Building, Zoning & Grading Permit Application" form shall be used for any work related to the installation of alarm systems for non-residential structures.*

The requested information below will be used solely by the Police Department and the Township. An emergency contact name and number is needed for any incidents which may occur on the property *during daytime hours and evening hours*. It is the owner/occupant's responsibility to notify the Township of any changes in the future (especially Keyholder/Emergency Contact information).

PROPERTY OWNER:

Name: _____ Phone #: _____ Home
 Mobile

Address: _____

OCCUPANT (if not the same as Property Owner):

Name: _____ Phone #: _____ Home
 Mobile

Address: _____

ALARM COMPANY NAME: _____

Address: _____

Phone #: _____ Fax # _____

Type of Alarm System: Fire Burglar Water Flow Panic Other

Video Surveillance: Yes No Number of Outside Doors in Building: _____

Hazards or Areas of Concern for Police Response (hazardous materials, animals on premises, etc.): _____

KEY HOLDER/EMERGENCY CONTACT INFORMATION

Name, address and telephone number of any person or company who will be available to be contacted in the event of alarm activation.

#1 Keyholder/Contact Person Name:	Phone #:
#2 Keyholder/Contact Person Name:	Phone #:
#3 Keyholder/Contact Person Name:	Phone #:

SIGNATURE OF APPLICANT(S) _____ DATE _____

SIGNATURE OF PROPERTY OWNER(S) _____ DATE _____

For Office Use Only

Received: _____ Paid by: Cash Check # _____ Receipt # _____ Assigned Permit # _____