



# 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 # \_\_\_\_\_