



# PENNRIDGE REGIONAL POLICE DEPARTMENT

200 Ridge Road, Sellersville, PA 18960  
Phone: 215-257-5104 Fax: 215-257-9324  
www.PennridgePD.org

PERMIT NO. \_\_\_\_\_

ISSUED DATE \_\_\_\_\_

## ALARM PERMIT APPLICATION

Instructions: Fully complete all sections of this application and return it with a processing fee according to the current fee schedule.

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

### GENERAL INFORMATION

1. Have you received and read a copy of the East Rockhill Township ([www.EastRockhillTownship.org/ordinances](http://www.EastRockhillTownship.org/ordinances) §13-101) or West Rockhill Township. ([www.WestRockhillTownship.org/home/ordinances](http://www.WestRockhillTownship.org/home/ordinances) Ordinance 121) 'Alarm Ordinance,' providing for the regulation, permitting and management of alarms within the jurisdiction of the Penndelaware Regional Police Department? Yes No

### ALARM USER INFORMATION

2. Name \_\_\_\_\_
3. Address \_\_\_\_\_
4. Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_
5. Email \_\_\_\_\_

### ALARM LOCATION

6. Name of location where alarm is installed (if same as alarm user, indicate same) \_\_\_\_\_
7. Street address of location where alarm is installed (if applicable, include until number, suite number) \_\_\_\_\_
8. Phone number \_\_\_\_\_
9. Describe the location where the alarm is installed (color, type construction, nearest cross street) \_\_\_\_\_

### ALARM SYSTEM

10. Type: Burglar Fire Medical Panic Other \_\_\_\_\_
11. Manufacturer: \_\_\_\_\_
12. Serial number: \_\_\_\_\_
13. Model number: \_\_\_\_\_
14. Audible alarm Yes No
15. Automatic shut-off Yes No
16. Automatic dialing Yes No

If yes, list all names and phone numbers of the central monitoring company:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

17. Date of installation \_\_\_\_\_

**CONTACT INFORMATION**

18. 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

1) Name \_\_\_\_\_ Phone No. \_\_\_\_\_

2) Name \_\_\_\_\_ Phone No. \_\_\_\_\_

3) Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**MEDICAL EMERGENCY ALARM INFORMATION (if applicable)**

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

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

20. List nature of illness or condition

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

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

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

**FIRE ALARM INFORMATION (if applicable)**

22. Type of sensor used: Smoke \_\_\_\_\_ Heat \_\_\_\_\_ Water Flow \_\_\_\_\_ Other \_\_\_\_\_

23. 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, so not complete)

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

24. Are evacuation plans in place in the event of a fire: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

**CERTIFICATION**

I (print name) \_\_\_\_\_ hereby state the above facts and information are accurate and complete, acknowledge that any false information contained within this application will be grounds for permit rejection or revocation.

\_\_\_\_\_  
Signature

Penridge Regional Police Department

\_\_\_\_\_  
Date

Alarm User Permit Application