

Registration Permit No: _____

Issue Date: _____

STILLWATER TOWNSHIP
ALARM SYSTEM REGISTRATION AND PERMIT

All property owners with alarm systems in Stillwater Township, unless exempt, shall provide the information listed below to apply for the issuance of an Alarm System Permit:

A. The full name and address of the applicant, including a complete physical address and property description which will permit the appropriate response to the alarm:

B. The exact location of each alarm device on the property and in or on the building or structure:

C. Name and address and telephone number of the person installing, maintaining and/or owning the system:

D. The type of device, including what provisions have been made to avoid false alarms and testing provisions:

E. The name and address of the entity or person(s), if any, responsible for monitoring and initially responding to an activation of an alarm device and a phone number for such entity and/or person(s):

F. The name and address of any entity or person and their telephone numbers who may be contacted in the event of an alarm and at least one other entity or person(s) who is authorized to receive notification of an alarm call and who is authorized to enter upon the premises in which the alarm system is located:

REGISTRANT

Signature

Name

Address

Telephone #