

FEE: \$25.00

**BOROUGH OF FOUNTAIN HILL POLICE DEPARTMENT**

DATE: \_\_\_\_\_

EXISTING SYSTEM: \$10.00

PERMIT # \_\_\_\_\_

**ALARM REGISTRATION**

SUBSCRIBERS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/BOROUGH: FOUNTAIN HILL, PA 18015

MUNICIPALITY: FOUNTAIN HILL

COUNTY: LEHIGH

MAILING ADDRESS: IF SAME AS ABOVE, LEAVE THIS BLANK \_\_\_\_\_

TELEPHONE: (DAYTIME) \_\_\_\_\_ (NIGHT TIME) \_\_\_\_\_

ALARM TYPE: BURGLAR FIRE HOLD-UP MEDICAL PANIC OTHER: \_\_\_\_\_

COMMUNICATION TYPE: CENTRAL STATION DIRECT POLICE CONNECT LOCAL SOUNDING TAPE DIALER

LOCAL AUTOMATIC CUT-OFF TIME (20 MINUTES MAXIMUM) \_\_\_\_\_

PRIVATE GUARD RESPONSE: YES \_\_\_\_\_ NO \_\_\_\_\_ COMPANY: \_\_\_\_\_

**NOTIFICATION LIST:**

PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ HAS KEYS: YES NO

PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ HAS KEYS: YES NO

PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ HAS KEYS: YES NO

SPECIAL DIRECTIONS TO PREMISES: \_\_\_\_\_

SPECIAL INFORMATION: GUARD ON SITE DOGS IN BUILDING HAZARDOUS MATERIALS OTHER: \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_

STREET ADDRESS, CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: (DAYTIME) \_\_\_\_\_ (NIGHT TIME) \_\_\_\_\_

BY SIGNING THIS FORM I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THIS INFORMATION MAY ONLY BE GIVEN TO THE AUTHORITY HAVING JURISDICTION.

SUBSCRIBERS SIGNATURE: \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_