

# **PENNRIDGE REGIONAL POLICE**

1027 Ridge Road • Sellersville, PA 18960 • Phone: (215) 257-5104 • Fax: (215) 257-9324

David A. Mettin, Chief of Police

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

## APPLICATION FOR ALARM USER'S PERMIT

Instructions: Please fully complete all sections of this application and return it with the (one time) \$25.00 processing fee.

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

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### GENERAL INFORMATION

1. Have you received and read a copy of the East Rockhill Township / West Rockhill Township "Alarm Ordinance", providing for the regulation, permitting and management of alarms within the jurisdiction of the Pennridge Regional Police Department?      YES \_\_\_\_\_      NO: \_\_\_\_\_
2. Name of alarm user: \_\_\_\_\_
3. Address of alarm user: \_\_\_\_\_  
\_\_\_\_\_
4. Phone number of alarm user: \_\_\_\_\_
5. Name of location where alarm is installed (if same as alarm user, indicate "same"): \_\_\_\_\_
6. Street address of location where alarm is installed (include unit number, suite number if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Phone number of location where alarm is installed: \_\_\_\_\_

8. Describe the location of the location where the alarm is installed (color, type construction, nearest cross street):

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

9. Type of alarm system:

Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Medical \_\_\_\_\_ Panic \_\_\_\_\_ Other \_\_\_\_\_

10. Manufacturer: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Model Number: \_\_\_\_\_

11. Audible Alarm: YES \_\_\_\_\_ NO \_\_\_\_\_

12. Automatic Shut Off YES \_\_\_\_\_ NO \_\_\_\_\_

13. Automatic Dialing: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list all names, and phone numbers of the Central Monitoring company:

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

14. Date of installation: \_\_\_\_\_

15. 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 (provide names, addresses and phone numbers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**MEDICAL EMERGENCY ALARMS INFORMATION (IF APPLICABLE)**

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

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2. List nature of illness or condition:

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

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**FIRE ALARM INFORMATION (IF APPLICABLE)**

1. Type of sensor used: SMOKE \_\_\_\_\_ HEAT \_\_\_\_\_  
WATER FLOW \_\_\_\_\_ OTHER \_\_\_\_\_

2. 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, do not complete):

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3. Are evacuation plans in place in the event of a fire:

YES \_\_\_\_\_ NO \_\_\_\_\_

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

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**HOLD UP ALARM INFORMATION**

1. Does your business/residence utilize a "hold up"/ "panic" alarm:

YES \_\_\_\_\_ NO \_\_\_\_\_

2. List the names and titles of those persons who are authorized to verify the status of the alarm once activated:

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