



# LOWER NAZARETH TOWNSHIP

## ALARM SYSTEMS AND/OR AUTOMATIC PROTECTION DEVICES PERMIT

The requested information below will be used solely by the Police Department and the Township. This information will aid the police in responding to incidents at your home or business. 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 #: \_\_\_\_\_

Address: \_\_\_\_\_

### OCCUPANT (if not the same as Property Owner):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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:	Cell Phone:	Pager:
#2 Keyholder/Contact Person Name:		
Phone:	Cell Phone:	Pager:
#3 Keyholder/Contact Person Name:		
Phone:	Cell Phone:	Pager:

### For Office Use Only

Received: \_\_\_\_\_ Paid by:  Cash  Check # \_\_\_\_\_ Assigned Permit # \_\_\_\_\_