



Zelienople Borough
Police Department

111 W. New Castle St.
Zelienople, PA 16063
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ALARM PERMIT APPLICATION

INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

1

Alarmed Location \*

Occupant Name or Business Name

Address

Suite/Apt#

City

State

Zip

Ph1\*

Ph2\*

2

Permit Holder/Responsible for Alarm/Mailing Address if Different

Name

DL#

Ph1\*

Ph2\*

Address

Suite/Apt#

City

State

Zip

Email

3

Contact Names

List two local people to contact in the event of an alarm, at least 18 years of age. (Must be able to respond within 30 minutes.)

Contact 1

Name

Ph1

Ph2

Contact 2

Name

Ph1

Ph2

4

Alarm Companies

Not Monitored

Monitored by

Installed by

Ph1

Ph2

Alarm Type

Manufacturer

Model#

\* Must be completed before submission of registration form.

I have read the completed application and the above listed information is correct to the best of my knowledge.

I hereby agree that if a permit is issued, I will comply with all the provisions of the Borough of Zelienople Ordinance #798-09. I understand that I will be responsible for payment of all fees and charges and any civil action, which may arise from the operation of this alarm system.

Office Use Only

Permit

Date Issued

Signature

Date