

New Castle County False Alarm Reduction Program

Office of Alarm Administrator

P.O. Box 56320

Philadelphia, PA 19130

Alarm Permit Registration Form

Residential Users please complete Sections A & C

Commercial Users please complete Sections B & C

This form must be completed and submitted within 30 days of the alarm system activation. This registration cannot be transferred to another person or alarm site. An alarm user must notify the Alarm Administrator of any change that alters the information provided on this form within five (5) business days of such change.

A) Residential Alarm User Information

Alarm User Name:

Last First M.I.

Alarm Location

Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Alternate Phone: ()

Burglar() Hold-Up() Duress() Panic() Other()

E-mail Address: Alarm Type: Audible() Silent()

Mailing Address:

(If Different from Location of Alarm System)

B) Commercial Alarm User Information

Corporation Name and Type:

Alarm Location:

Street Address

City State ZIP Code

Mailing Address:

(If Different from Location of Alarm System)

Owner or President of Business

Work Phone: () Cell Phone: ()

E-mail Address:

Local Manager:

First Name Last Name

Home Phone Work Phone Cell Phone Email Address

- Please list two(2) individuals who are able and have agreed to: I) Receive notification of an alarm system activation at any time. II) Respond to the alarm site within thirty (30) minutes at any time. III) Upon request can grant access to the alarm site and deactivate the alarm system if necessary.

C) Contact Information

1st Contact Full Name:

Last First M.I.

Contact Numbers:

Home Phone Work Phone Cell Phone Email Address

Address:

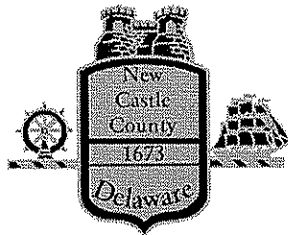
2nd Contact Full Name:

Last First M.I.

Contact Numbers:

Home Phone Work Phone Cell Phone Email Address

Address:



Monitoring and Installing Company Information

Alarm Service
Install
Company

Address

Contact Person
Alarm
Monitoring
Company

Phone

Address

Contact Person

Phone

Date of Installation, Conversion or Takeover: _____

Please list any dangerous or special conditions present at the alarm site.

I have received a set of written operating instructions for the alarm system and I have been trained by my alarm installation company in how to properly use my alarm system, including written guidelines and instructions on how to avoid false alarms. I ensure that all information provided throughout this application does not contain any false statements and recognize that if any information is found to be untrue I will be refused an alarm registration. I also understand that once I am issued a registration that law enforcement authority response may be influenced by factors including, but not limited to the availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels, etc.

SIGNATURE: _____

DATE: _____

If you have any questions or concerns please feel free to contact us toll free at 866-839-2731. Please return the completed application to the Office of Alarm Administrator, for your convenience the form can be faxed to 215-561-0534 or mailed to NCC False Alarm Reduction Program, Office of Alarm Administrator, P.O. Box 56320, Philadelphia, PA 19130.