



39 WEST CHESTNUT STREET, P O BOX 1020, LANCASTER, PA 17608-1020  
CUSTOMER SERVICE • (717) 735-3425 • FAX (717) 735-3431

### BUREAU OF POLICE ALARM USER APPLICATION

**Directions:**

Please complete either the Residential Information Section OR the Business Information Section, not both. Please Type or Print Legibly. The annual registration fee is \$15.00. Checks are payable to City of Lancaster Treasury Office PO Box 1020 Lancaster PA 17608-1020.

**Residential Information Section:**

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

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

MAILING ADDRESS: \_\_\_\_\_

Complete only if the Street Address is NOT the Mailing Address

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_  
Area Code

**Information Section:**

BUSINESS NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_  
Last First Middle Initial

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

MAILING ADDRESS: \_\_\_\_\_

Complete only if the Street Address is NOT the Mailing Address

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_  
Area Code

**Monitoring Company Information Section:**

Please complete the information requested below regarding the company who is monitoring your alarm.

MONITORING  
AGENCY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_  
Last First Middle Initial

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

MAILING ADDRESS: \_\_\_\_\_

Complete only if the Street Address is NOT the Mailing Address

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_  
Area Code

