

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 Sect	ion:					
STREET ADDRESS:						
MAILING ADDRESS:Complete only if the Street Address is NOT the Mailing Address						
Сіту:	_	ZIP CODE:				
TELEPHONE NUMBER:		_				
Information Section: BUSINESS NAME:						
CONTACT NAME:		First	Middle Initial			
STREET ADDRESS:						
MAILING ADDRESS:	Complete only if the Street Address is NC	OT the Mailing Address				
Сіту:	_	ZIP CODE:				
TELEPHONE NUMBER:		-				
Please complete the information r MONITORING AGENCY NAME:	requested below regarding t		ionitoring your alarm.			
CONTACT NAME:		First	Middle Initial			
STREET ADDRESS:						
MAILING ADDRESS:	Complete only if the Street Address is NC)T the Mailing Address				
Сіту:	STATE:					
TELEPHONE NUMBER:		_				

Authorized Alarm Responder Information Section: # 1 NAME:					
	Last	First	Middle Initial		
ADDRESS:					
Сіту:		STATE:	ZIP CODE:		
TELEPHONE NUMBER: _	Area Code				
# 2 NAME:	Last	First	Middle Initial		
Address:					
CITY:		STATE:	ZIP CODE:		
TELEPHONE NUMBER: _	Area Code				
# 3 NAME:	Last	First	Middle Initial		
Address:					
CITY:		STATE:	ZIP CODE:		
TELEPHONE NUMBER: _	Area Code				

I/we fully understand that this application can be disapproved and permit denied, or subsequently issued permit can be suspended or revoked for any of the following reasons:

1. The applicant has violated any of the provisions of this ordinance; or

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- 2. The applicant has failed to comply with rules and regulations adopted pursuant to this Ordinance; or
- 3. Where the applicant or permit holder has knowingly made any false, misleading, or fraudulent statement of material fact in the application for a permit or in any report or record to be filed with the Chief of Police; or
- 4. Where the applicant or permit holder has had a similar type of permit previously revoked for good cause in the past unless the applicant can show a material change in the circumstances since the date of the revocation through acceptable conduct under a special interim permit; or
- 5. Where the alarm system actuated false alarms in the excess of the number approved; or
- 6. Where the alarm system has had intentional activation of a knowingly false alarm by the alarm user of members of his/her family over twelve (12) years of age, his employees or agents.

I/we acknowledge the receipt of a copy of the prohibited activities as adopted and do hereby certify that the information contained in this application is true and correct.

Applicant/Authorized Signature	Title, if Business Application	Date
For Department L	Jse Only	Date Received:
Application Received By:		Fee Paid: 🗌 Yes 🗌 No/Exempt
		Amount Paid \$
Application Processed By:		_ Date Processed:
Complied with Ordinance and Rules and Regulations 🗌 Yes 📃 No		Approved Disapproved
pplication Approved By:		Date Approved: