FLORENCE TOWNSHIP

BURGLAR / FIRE ALARM APPLICATION FORM

#

FEE: $10.00 (Payable to the Florence Township Police Department)

1. **APPLICANT** NAME | ADDRESS (STREET, CITY, STATE, ZIP)

SOCIAL SECURITY NUMBER **(RESIDENTIAL ALARM APPLICANT ONLY)** | TELEPHONE NUMBER: DAY ( ) | NIGHT ( )

2. PREMISES TYPE (check all that apply)
❑ Residential ❑ Business ❑ Auto ❑ Garage ❑ Trailer ❑Other (DESCRIBE):

3. ALARM LOCATION (**If A Business Include Business Name**.)
NAME ❑ SAME AS #1 | ADDRESS (STREET, CITY, STATE, ZIP)

4. ALARM CATEGORY (check all that apply)
❑ Fire ❑ Burglar ❑ Hold-up ❑ Medical ❑ Panic ❑ Other (DESCRIBE):

5. ALARM TYPE (check all that apply)
❑ Silent ❑ Siren ❑ Phone ❑ Horn ❑ Bell ❑ Light ❑ Buzzer ❑ Other (describe):

6. DESCRIBE ALARM OPERATION (Total Perimeter, Motion Detector, Etc.)

_____

7A. MANUFACTURER | B. MAKE | C. MODEL NUMBER

8. OWNER OF PROPERTY / PREMISES PROTECTED BY THE ALARM
NAME ❑ SAME AS #1 | ADDRESS (STREET, CITY, STATE, ZIP) KEY HOLDER | TELEPHONE #: DAY ( ) | NIGHT ( )

9. INSTALLER / MAINTENANCE COMPANY
NAME ❑ SAME AS #1 | ADDRESS (STREET, CITY, STATE, ZIP) | TELEPHONE #: DAY ( ) | NIGHT ( )

10. INDICATE BELOW IN THE ORDER YOU WISH NOTIFIED, PERSON(S) WHOM WILL RESPOND TO DISARM / RESET THE ALARM

NAME	ADDRESS (STREET, CITY, STATE, ZIP) **KEY HOLDER Y** OR **N**	TELEPHONE #: DAY	NIGHT
NAME ❑ SAME AS #1		( )	( )
NAME		( )	( )
NAME		( )	( )

11. WHO DOES THE ALARM / ALARM COMPANY NOTIFY

NAME	ADDRESS (STREET, CITY, STATE, ZIP) **KEY HOLDER Y** OR **N**	TELEPHONE #: DAY	NIGHT
NAME ❑ SAME AS #10		( )	( )
NAME ❑ SAME AS #10		( )	( )
NAME ❑ SAME AS #10		( )	( )

I UNDERSTAND THAT IF ANY OF THE INFORMATION I HAVE PROVIDED HEREIN CHANGES, I AM REQUIRED TO NOTIFY THE FLORENCE TOWNSHIP POLICE DEPARTMENT IMMEDIATELY.

12. ❑ OWNER ❑ REPRESENTATIVE (DESCRIBE) [PRINT]

13. NAME (PRINT) | SIGNATURE | 14. DATE