Upper Dublin Township
801 Loch Alsh Avenue
Fort Washington, Pa. 19034-1697
Phone: (215) 643-1600
Fax: (215) 643-8843

☐ Initial Permit
☐ Renovation Permit

Date: _____

ALARM PERMIT / REGISTRATION FORM

User Information:

Name: _____ Day Phone: (_____) _____

Address: _____ Evening Phone: (_____) _____

Address: _____

City, State, Zip: _____

Emergency Information:

Please supply a local contact name and phone number:

Name: _____ Phone: (_____) _____

List the address where the alarm device is installed:

Address: _____

Company Name (if applicable): _____

Suite or Floor Number: _____

Alarm Company Information:

Name of Alarm Company or Service: _____

Address: _____ Phone: (_____)- _____

Address: _____ Fax: (_____)- _____

City, State, Zip: _____

Type of Alarm: Check all that apply:

☐ Burglary ☐ Fire ☐ Smoke

☐ Audible ☐ Direct ☐ Recorded

☐ Carbon Monoxide

Cost: _____

Permit Fee: _____

Department Use: Parcel #- _____ Alarm Co. #: _____

Registered on: _____ Expires on: _____

Permit #: _____

origform/alarm 10/21/04