



BOROUGH OF MT. OLIVER POLICE DEPARTMENT

APPLICATION FOR ALARM PERMIT

Today's Date

1. PROPERTY INFORMATION

Application Type: Residential Commercial

Address

City

Zip

2. OWNER INFORMATION

First Name

Last Name

Business Name

Mailing Address

City

State

Zip

Email Address

Phone

Other Phone

3. ALARM SYSTEM

System Type (circle): New Existing

Type of Alarm (circle): Police Fire Other:

Date of Last Inspection/System Testing

Approved By

Alarm Company

Mailing Address

City

State

Zip

Phone

Monitor Company

Mailing Address

City

State

Zip

Phone



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(Continued - Page 2)

4. CONTACTS

You must supply three (3) emergency contacts and/or maintenance personnel. Persons listed must be able to respond within thirty (30) minutes of notification

| First and Last Name | Mobile Number | Alt Phone Number |
|---------------------|---------------|------------------|
| | | |
| | | |
| | | |

5. ATTEST & SUBMIT

Date

Owner/Agent Signature

Print Name

Fees: \$30 Residential, \$60 Commercial

PD-502-24-03

FOR OFFICIAL USE ONLY

Received By
Date

Total Paid