

APPLICATION NUMBER

**LOWER POTTS GROVE TOWNSHIP
POLICE DEPARTMENT**
2199 Buchert Road, Pottstown PA 19464
TELEPHONE: 610-326-1508 FAX: 610-323-2611

ALARM REGISTRATION

DATE FILED: _____ DATE OF INSTALLATION: _____

SUBSCRIBER NAME: _____

ADDRESS: _____

PHONE: _____

LOCATION ALARM IS INSTALLED: (i.e., main dwelling, detached structure, building at another location)

Phone: _____

ALARM INSTALLATION / MAINTENANCE COMPANY:

Name: _____

Address: _____

Phone: _____

ALARM RECEIVING FACILITY:

Name: _____

Address: _____

Phone: _____

EMERGENCY CONTACT LIST: (Must be current and at least two persons)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

A copy of the Township Alarm Ordinance is available upon request. If copy is received, please sign below:

Signature Date