



Zelienople Borough  
Police Department

111 W. New Castle St.  
Zelienople, PA 16063  
Phone: 724-452-3003  
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**ALARM PERMIT APPLICATION**

INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

**1** Alarmed Location \*

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Occupant Name or Business Name \_\_\_\_\_

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Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Ph1\* \_\_\_\_\_ Ph2\* \_\_\_\_\_

**2** Permit Holder/Responsible for Alarm/Mailing Address if Different

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Name \_\_\_\_\_ DL# \_\_\_\_\_ Ph1\* \_\_\_\_\_  
Ph2\* \_\_\_\_\_

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Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**3** Contact Names List two **local** people to contact in the event of an alarm, at least 18 years of age. (Must be able to respond within 30 minutes.)

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Contact 1 Name \_\_\_\_\_ Ph1 \_\_\_\_\_  
Ph2 \_\_\_\_\_

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Contact 2 Name \_\_\_\_\_ Ph1 \_\_\_\_\_  
Ph2 \_\_\_\_\_

**4** Alarm Companies  Not Monitored

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Monitored by \_\_\_\_\_ Ph1 \_\_\_\_\_

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Installed by \_\_\_\_\_ Ph2 \_\_\_\_\_

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Alarm Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_

**\* Must be completed before submission of registration form.**

I have read the completed application and the above listed information is correct to the best of my knowledge.

I hereby agree that if a permit is issued, I will comply with all the provisions of the Borough of Zelienople Ordinance #798-09. I understand that I will be responsible for payment of all fees and charges and any civil action, which may arise from the operation of this alarm system.

Office Use Only
Permit _____
Date Issued _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date