



Zelienople Borough Police Department

111 W. New Castle St.
Zelienople, PA 16063
Phone: 724-452-3003
Fax: 724-452-7840
zeliepd@zelienoplepolice.org

ALARM PERMIT APPLICATION

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

1 Alarmed Location *

Occupant Name or Business Name

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____

Ph1* _____ Ph2* _____

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

Ph1*

Name _____ DL# _____ Ph2* _____

Address _____ Suite/Apt# _____

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.)

Contact 1

Ph1 _____

Name _____

Ph2 _____

Contact 2

Ph1 _____

Name _____

Ph2 _____

4 Alarm Companies

Not Monitored

Monitored by _____

Ph1 _____

Installed by _____

Ph2 _____

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 _____