Orwigsburg Police Department
209 North Warren Street
Orwigsburg, PA 17961
Phone: (570) 366-3102 Fax: (570) 366-3109
Email: *police@orwigsburg.gov*

ANNUAL RESIDENTIAL ALARM USERS' PERMIT APPLICATION

Application Type :

New ☐ ($15) Renewal ☐ ($15) Cancellation ☐ (No Fee) Age 65+ ☐ (No Fee)

Make checks payable to: ***Borough of Orwigsburg***

Homeowner Name : _____

Address : _____

_____

Phone Number : _____

Cleaning company or staff on site? Yes ☐ No ☐

Cleaning Company Name: _____

Address: _____

_____

Phone Number: _____

Contact Name(s): _____

Is there a Knox Box on site? Yes ☐ No ☐

Alarm Company Information

Name: _____

Address: _____

_____

Phone Number: _____

Contact Name: _____

Alarm Type(s):

Fire ☐ Smoke ☐ Heat ☐ Carbon Monoxide ☐

Intruder ☐ Panic ☐ Motion ☐ Vibration ☐ Silent ☐

EMERGENCY CONTACT INFORMATION:

In the event contact cannot be made with you to reset the alarm after an activation, please list additional contacts *in order of priority* that have this ability:

Name: _____
Phone Number(s): _____

Name: _____
Phone Number(s): _____

Name: _____
Phone Number(s): _____

PERMIT COMPLIANCE

- I understand that the annual alarm users' permit is issued pursuant to Orwigsburg Borough Ordinance #305. Ordinance #305, enacted on April 10, 1991, governs all alarm systems, requires permits, establishes fees, provides for punishment of violations and establishes a system of administration. I further understand that I have reviewed this Ordinance and agree to abide by the terms set forth therein.
- I understand that the annual alarm users' permit is, in fact, an annual obligation on my behalf so long as my alarm system remains active. *Applications should be received at the Orwigsburg Borough Police Department by January 31st of every calendar year. Permits issued by the Borough will expire on January 31st of the following calendar year.*
- I understand that any false alarms associated with my system are subject to the provisions set forth in the Ordinance, specifically under Section 5.

Printed Name of Person Completing Form: _____

Signature of Person Completing Form: _____

Date: _____

For Office Use Only:

Date Permit Application Received:	Date Permit Issued:	Permit Number: