

SADSBURY TOWNSHIP POLICE DEPARTMENT

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BUSINESS/RESIDENTIAL
ALARM & EMERGENCY NOTIFICATION FORM

NAME

ALARM SUPPLIER

STREET ADDRESS

STREET ADDRESS

CITY/STATE/ZIP CODE

CITY/STATE/ZIP CODE

LOCATION TELEPHONE #

TELEPHONE #

ALTERNATE/MOBILE TELEPHONE #

CONTACT NAME

ALARM SYSTEM TYPE:

HOW RECEIVED:

- Silent Medical
- Audible Panic
- Other (Specify) _____

- Central Station
- Dialer
- Other (Specify) _____

Audible/Reset Time: _____

EMERGENCY TELEPHONE NUMBERS (MUST PROVIDE AT LEAST TWO (2) NUMBERS):

- | | |
|--|--|
| 1.) _____
Telephone # Name | 2.) _____
Telephone # Name |
| 3.) _____
Telephone # Name | 4.) _____
Telephone # Name |

ADDITIONAL INFORMATION:

MAILING ADDRESS (IF DIFFERENT THAN ALARM LOCATION ADDRESS)

SIGNATURE _____ DATE _____

REGISTRATION FEE IS \$25.00

REMINDER: 1ST FALSE ALARM – NO CHARGE. 2ND AND CONSECUTIVE FALSE ALARMS WILL INCUR FINES.