UPPER SAUCON TOWNSHIP

POLICE/FIRE EMERGENCY ALARM REGISTRATION

Ordinance No. 68 requires all alarm systems to be registered with the Upper Saucon Township Police Department. The owner or lessee of the alarm system is responsible for completing this registration form and submitting it to the Upper Saucon Township Police Department, 5500 Camp Meeting Road, Center Valley, PA 18034.

| Name of Occupant or Bus | iness: | | |
|---|------------------|----------------------------|-----------------------|
| Business Owners Name:_ | | | |
| Full Address: | | | |
| Telephone: | Cell Phor | ne: Email Addro | ess: |
| Occupant or Business Ma | iling Address (i | f different from above): | |
| Full Address: | | | |
| Alarm Type: Burglar [] | Fire [] | Hold-Up [] Medical Eme | ergency [] Panic [] |
| Type of Dwelling: Business/Commercial [] Single Residence [] Apartment [] | | | ice [] Apartment [] |
| Communication: Central | Station [] | Audible [] Silent [] | |
| | NOTIFIC | CATION LIST (MINIMUM OF 2) | |
| Name: | | Address: | |
| Home: | Work: _ | Cell: | |
| Title/Relationship: | | Has Keys: YES [] | NO [] |
| | | | |
| | | Address: | |
| | | Cell: | |
| Title/Relationship: | | Has Keys: YES [] | NO [] |
| Name: | | Address: | |
| Home: | Work: _ | Cell: | |
| Title/Relationship: | | Has Keys: YES [] | NO [] |

Registration # (office use) _____