

**COOLBAUGH TOWNSHIP
EMERGENCY ALARM PERMIT APPLICATION**

NAME _____

LOCAL ADDRESS _____

OTHER _____

TELEPHONE _____

DESCRIPTION OF PROPERTY WHERE ALARM WILL BE INSTALLED OR HAS BEEN
INSTALLED:

DEVELOPMENT _____

ROAD NAME _____

LOCATION OF HOME AND BRIEF DESCRIPTION _____

DESCRIPTION OF ALARM _____

MANUFACTURER AND ALARM MODEL# _____

INSTALLER: NAME _____

ADDRESS _____

PHONE _____

PERSON OR FIRM TO BE CONTACTED IN THE EVENT OF ALARM ACTIVATION

NAME _____

ADDRESS _____

CITY, STATE _____

TELEPHONE NUMBER _____

*******PERSON OR FIRM NAMED MUST BE AVAILABLE TO DEACTIVATE OR
SHUT OFF ALARM WITHIN A REASONABLE TIME AFTER BEING NOTIFIED
BY THE POLICE.**

FEE: \$25.00

MAKE CHECKS PAYABLE TO: COOLBAUGH TOWNSHIP

OFFICIAL USE ONLY

DATE RECEIVED _____

DATE APPROVED _____

FEE RECEIVED _____

PERMIT NUMBER _____

APPROVED BY: _____