



EMERGENCY ALARM PERMIT APPLICATION

105 Government Center Way
Pocono Pines, PA 18350
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www.tobyhannatownship.pa.gov

Failure to register an Alarm System may result in penalties
ALL INFORMATION ON THIS FORM MUST BE COMPLETED

Applicant: _____ Phone: _____

Mailing Address: _____

Property Owner: _____ Phone: _____

Physical Address where alarm is installed: _____

Tax Map ID No.: _____ Subdivision: _____

If you have a sign on the front of your property or home, what is the name, number, and/or wording displayed on the sign?: _____

Name of Installer: _____ Phone: _____

Alarm Company: _____ Phone: _____

Type(s) of alarms to be used (please check box): () Burglar () Fire () Motion

Alarm Model No.: _____ Manufacturer: _____

*****NOTE: All alarms shall have a 9-minute cut-off time*****

Person or firm to be contacted in the event of an alarm activation:

Name: _____ Phone: _____

Mailing Address: _____

IN THE EVENT THE NAME, ADDRESS, AND/OR TELEPHONE NUMBER OF THE PERSON TO BE CONTACTED CHANGES, IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT THE TOWNSHIP WITHIN 5 DAYS OF THE CHANGE.

*****Person or firm named above must be available 24 hours/day, 365 days/year, and is required to be at the alarm location within a reasonable length of time after being notified by the Pocono Mountain Regional Police Department that the alarm has been activated.*****

Fees for Alarm Registration are: New Owner: \$25.00 Senior Citizen: \$10.00

Signature of Applicant/Owner: _____ Date: _____

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: _____ Cash/Check No.: _____ Amount Paid: \$ _____

Permit No.: _____ Manager or Designee: _____