



BOROUGH OF STROUDSBURG
700 Sarah Street, Stroudsburg, PA 18360
570-424-7008, www.stroudsburgboro.com

2017 ALARM PERMIT APPLICATION		
NAME		
BUSINESS NAME - If Applicable		
ALARMED ADDRESS		
MAILING ADDRESS If different from alarmed		
PHONE - Include Home, Work, & Cell		
CONTACT NAMES/PHONE NUMBERS IN CASE OF ALARM ACTIVATION		
NAME:	PHONE #:	
NAME:	PHONE #:	
DIRECTIONS TO PREMISES		
SPECIAL INSTRUCTIONS (IF ANY)		
<i>Absolutely no alarm should go directly to 9-1-1. It must be directed through an alarm monitoring company.</i>		
ALARM SYSTEM INFORMATION		
ALARM INSTALLER NAME & PHONE #		
SYSTEM TYPE	Burglary_____ Fire_____ Smoke_____	
MANUFACTURER & MODEL #		
ALARM FEES		
Newly Installed - \$25	Transfer of Ownership - \$10	Annual Renewal - \$5

APPLICANT SIGNATURE

If this property DOES NOT have a functional automatic alarm, please complete the information below and return the entire application to the Borough.

Name: _____ Property Address: _____

Signature: _____ Date: _____

FOR BOROUGH USE ONLY

2017 Date Recd: _____

Amount Recd: _____

Ck/MO#: _____

2018 Date Recd: _____

Amount Recd: _____

Ck/MO#: _____

2019 Date Recd: _____

Amount Recd: _____

Ck/MO#: _____