



BUSINESS ALARM PERMIT APPLICATION

Code of the Township of Hatfield Chapter 71 http://ecode360.com/10502434

siness Address:	(P.O. / Suite #)
(City)	(State)(Zip code)
siness Phone Number: (1)	(2)(FAX)
EMAIL:	
arm Company:	Phone:
nergency Contact Information:	
1. Name:	Phone: (Home)
(Address)	
2. Name:	Phone: (Home)
(Address)	(Cell)
3. Name:	Phone: (Home)
(Address)	(Cell)
Type of Alarm:	
<u>Designated Trunkline</u> if your triggered a by voice recording: Annual Fee- \$75 .	alarm is transmitted directly to the police communication center
<u>Central Station</u> if your triggered alarm is	s transmitted to operators always on duty to take appropriate action
include notifying the police communicat Please return this form and pay appropria	tion center: Annual Fee \$50.00 Ite fee within <u>30 days</u> of this notice to the: Hatfield Police Departm
Signature of Applicant	