



JAMES J. SABATH
CHIEF OF POLICE

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TINICUM TOWNSHIP POLICE DEPARTMENT
165 MUNICIPAL ROAD, PIPERSVILLE, PA 18947

ALARM REGISTRATION

DATE _____

BUSINESS/RESIDENT NAME _____

BUSINESS/RESIDENT STREET ADDRESS _____

TOWN _____ ZIP _____

BUSINESS OWNER (OR) RESIDENT DATE OF BIRTH _____ SS# _____

BUSINESS/RESIDENT TELEPHONE NUMBER(S) _____

NAME OF ALARM COMPANY _____

ADDRESS OF ALARM COMPANY _____

PHONE NUMBER OF ALARM COMPANY _____

NAME AND PH # OF PERSON(S) WITH KEYS TO BUILDING(S)

DIRECTIONS TO ALARMED STRUCTURE(S) _____

PHYSICAL DESCRIPTION OF ALARMED STRUCTURE(S) _____

TYPE OF ALARM(S) BURGLAR () FIRE () PANIC () OTHER ()

IN CASE OF EMERGENCY, CONTACT _____

ADDITIONAL INFORMATION YOU MAY WANT TO FURNISH _____

(Note: A one-time Fee of \$15.00, Payable to Tinicum Township, must accompany Registration.)