



Orwigsburg Police Department  
 209 North Warren Street  
 Orwigsburg, PA 17961  
 Phone: (570) 366-3102 Fax: (570) 366-3109  
 Email: [police@orwigsburg.gov](mailto:police@orwigsburg.gov)

**ANNUAL BUSINESS ALARM USERS' PERMIT APPLICATION**

Application Type : New  (\$15) Renewal  (\$15) Cancellation  (No Fee)

Business Name : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Cleaning company or staff on site? Yes  No

Cleaning Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Are there hazardous materials on site? Yes  No

If so, list types: \_\_\_\_\_

Is there a Knox Box on site? Yes  No

**Alarm Company Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Alarm Type(s):**

Fire  Smoke  Heat  Carbon Monoxide   
 Intruder  Panic  Motion  Vibration  Silent

**EMERGENCY CONTACT INFORMATION:**

In the event contact cannot be made with you to reset the alarm after an activation, please list additional contacts *in order of priority* that have this ability:

Name: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**PERMIT COMPLIANCE**

- I understand that the annual alarm users’ permit is issued pursuant to Orwigsburg Borough Ordinance #305. Ordinance #305, enacted on April 10, 1991, governs all alarm systems, requires permits, establishes fees, provides for punishment of violations and establishes a system of administration. I further understand that I have reviewed this Ordinance and agree to abide by the terms set forth therein.
- I understand that the annual alarm users’ permit is, in fact, an annual obligation on my behalf so long as my alarm system remains active. *Applications should be received at the Orwigsburg Borough Office by January 31<sup>st</sup> of every calendar year. Permits issued by the Borough will expire on January 31<sup>st</sup> of the following calendar year.*
- I understand that any false alarms associated with my system are subject to the provisions set forth in the Ordinance, specifically under Section 5.

Printed Name of Person Completing Form: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Date Permit Application Received:	Date Permit Issued:	Permit Number: