

39 WEST CHESTNUT STREET, P O BOX 1020, LANCASTER, PA 17608-1020 CUSTOMER SERVICE  $\bullet$  (717) 735-3425  $\bullet$  FAX (717) 735-3431

## BUREAU OF POLICE ALARM USER APPLICATION

## **Directions:**

Please complete either the Residential Information Section OR the Business Information Section, not both. Please Type or Print Legibly. The annual registration fee is \$15.00. Checks are payable to City of Lancaster Treasury Office PO Box 1020 Lancaster PA 17608-1020.

NAME:	ion Section:			
STREET ADDRESS:				
MAILING ADDRESS:	Complete o	nly if the Street Address is N	OT the Mailing Address	
			ZIP CODE	::
TELEPHONE NUMBER:	rea Code		_	
Information Section: Business Name:				
CONTACT NAME:	Last		First	Middle Initial
STREET ADDRESS:				
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# 1 NAME:Last	: Fir	rst Middle Initial
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TELEPHONE NUMBER:Area Code		
# 2 NAME:	: Fir	rst Middle Initial
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# 3 Name:		
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I/we fully understand that this application suspended or revoked for any of the following the applicant has violated any of to the applicant has failed to comply the applicant or permit hold fact in the application for a permit 4. Where the applicant or permit hold unless the applicant can show a macceptable conduct under a special to the alarm system actuated for the alarm system has had in his/her family over twelve (12) year.	ion can be disapproved and permit de bllowing reasons: the provisions of this ordinance; or with rules and regulations adopted properties and record to be filed wor in any report or record to be filed wor i	ursuant to this Ordinance; or sleading, or fraudulent statement of mavith the Chief of Police; or eviously revoked for good cause in the since the date of the revocation throughoer approved; or alarm by the alarm user of member
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