

Wilmington False Alarm Reduction Program
Office of Alarm Administrator
P.O. Box 56320
Philadelphia, PA 19130

Permit/Registration No

PLEASE REVIEW THE FOLLOWING INFORMATION AND MAKE ANY NECESSARY CHANGES
A NON-REFUNDABLE \$20 PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. MAKE CHECK
OR MONEY ORDER PAYABLE TO CITY OF WILMINGTON.

A. Residential Alarm User Information: (Residential alarm users, please complete Sections A and C through G)

Alarm User Name: _____
First Name Last Name

Alarm Location: _____
Street Number Street Prefix Street Name Street Suffix Suite/Apt No

City State Zip Code Gate Code

Home Phone Work Phone Cell Phone or Pager Email Address

Type of Alarm (check all that apply): Burglar /___/ Panic /___/ Medical /___/ Robbery/Holdup /___/

B. Commercial Alarm User Information: (Commercial alarm users, please complete Sections B through G)

Name of Corporation, Sole Proprietor or Partners _____

Trade Name(s) Used by Business _____

Alarm Location: _____
Street Number Street Prefix Street Name Street Suffix Suite/Apt No

City State Zip Code Business Phone Number

Owner or President of Business: _____
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

Local Manager: _____
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address
C. Mailing Address: (If different from Location of Alarm System)

D. Contact Information: (List two people, other than the owner, who can respond to an alarm activation)

1st Contact Name: _____
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

2nd Contact Name: _____
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

E. Alarm Service/Install Company: _____

License No. _____ Contact Person _____ Phone _____

F. Alarm Monitoring Company: _____

License No. _____ Contact Person _____ Phone _____

G. Special Conditions: (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc)

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the Code and with the applicable City laws. I accept responsibility for payment of all fee and fines that may result from operation of the alarm system servicing above

SIGNATURE _____ DATE: _____