

**HANOVER TOWNSHIP
NORTHAMPTON COUNTY**

ALARM SYSTEMS AND/OR AUTOMATIC PROTECTION DEVICES

APPLICATION

NAME OF ALARM COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS OF INDIVIDUAL
SUBMITTING APPLICATION: _____

FAX NUMBER: _____

DESCRIPTION OF PROPERTY WHERE THE ALARM SYSTEM SHALL BE
INSTALLED; LOCATION, ROAD, NAME OF DEVELOPMENT INCLUDING THE
OFFICE OR INDUSTRIAL COMPLEX AND LOCATION WITHIN THE OFFICE OR
INDUSTRIAL COMPLEX AND NAME WHICH IS CONSPICUOUSLY DISPLAYED ON
THE HOUSE, BUILDING OR MAILBOX OF THE PREMISES.

NAME OF BUSINESS: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DESCRIPTION OF THE TYPE OR TYPES OF ALARM SYSTEM TO BE USED
INCLUDING NAME AND MODEL NUMBER OF THE MANUFACTURER.

NAME OF THE PERSON OR COMPANY WHO WILL/OR DID INSTALL THE ALARM
SYSTEM AT THE LOCATION.

NAME, ADDRESS AND TELEPHONE NUMBER OF ANY PERSON OR COMPANY WHO WILL BE AVAILABLE TO BE CONTACTED IN THE EVENT OF AN ALARM ACTIVATION. (PLEASE SUPPLY TWO (2)). HANOVER TOWNSHIP MUST BE NOTIFIED OF ANY CHANGES RELATIVE TO THESE CONTACT INDIVIDUALS.

IN THE CASE OF MORE THAN ONE BUILDING SITE IN WHICH THE ALARM SYSTEM SHALL BE INSTALLED, THE APPLICANT MUST PROVIDE THE TOWNSHIP WITH INFORMATION CONCERNING HOW THE ALARM FOR EACH BUILDING SHALL BE DISTINGUISHABLE FROM THE OTHER ALARMS IN SAID BUILDINGS.
