

BARRETT TOWNSHIP

Barrett Township Municipal Building
993 Route 390
Cresco, PA 18326



Phone: 570 595 2602
Fax: 570 595 7550
www.BarrettTownship.com

ALARM REGISTRY

New Registration: \$50.00 Transfer: \$35.00

Date: _____

Alarm Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work phone: _____

CONTACT NUMBERS IN THE EVENT THE ALARM ACTIVATES: (please check next to each contact that has a key)

Name: _____ Keyholder Phone Number: _____

Name: _____ Keyholder Phone Number: _____

Name: _____ Keyholder Phone Number: _____

Name: _____ Keyholder Phone Number: _____

DIRECTIONS TO PREMISES: (Please be specific – include house color and any other description)

SPECIAL INSTRUCTIONS: _____

INFORMATION ON THE ALARM:

Type of System: Burglary Fire Smoke Medical Alert

Type of Installation: Residential Commercial

Alarm Manufacturer: _____

Model Number of Alarm System: _____

Name of Alarm Installer: _____

Phone Number of Alarm Installer: _____

My signature below signifies that I have also received a copy of Ordinance 110, the Nuisance Alarm Ordinance.

Signature: _____

BELOW FOR OFFICE USE ONLY:

Alarm Permit Number: _____

Fee Paid: _____

Date Received: _____

Received by: _____ Check or Receipt No. _____