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Southern Chester County Regional Police Department
8934 Gap Newport Pike
Landenberg, Pennsylvania 19350

ALARM REGISTRATION APPLICATION

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Circle method of preferred contact? *Email – Phone – US Mail*

Alarm Location (if different from above) _____

Type of business: _____ Any special or dangerous conditions? _____

Emergency Contact Information: *PLEASE PROVIDE THREE (3) NAMES AND PHONE NUMBERS- CONTACT PERSONS THAT ARE CAPABLE OF RESETTING ALARM OR ABLE TO CONTACT PROPERTY OWNER*

A. Name: _____ Phone: _____

B. Name: _____ Phone: _____

C. Name: _____ Phone: _____

Alarm Company: _____ Phone: _____

Alarm Connection Type: (Check all that apply)

- Local Signal – Alarm sounds at location
- Central Station – Alarm sounds at a monitoring station
- New Registration
- Annual Registration Renewal

Alarm System Type: (Check all that apply)

- Burglary
- Robbery (Panic type alarm)
- Both Burglary & Robbery alarm systems
- Audible
- Silent
- Fire alarm and detection system

Signature: _____ Date: _____

For Office use only

Rec'd: _____

Date issued: _____