



BOROUGH OF STROUDSBURG
 700 Sarah Street, Stroudsburg, PA 18360
 570-421-5444, www.stroudsburgoro.com

ALARM PERMIT APPLICATION		
NAME		
BUSINESS NAME - If Applicable		
ALARMED ADDRESS		
MAILING ADDRESS If different from alarmed		
PHONE - Include Home, Work, & Cell		
CONTACT NAMES/PHONE NUMBERS IN CASE OF ALARM ACTIVATION		
NAME:		PHONE #:
NAME:		PHONE #:
DIRECTIONS TO PREMISES		
SPECIAL INSTRUCTIONS (IF ANY)		
<i>Absolutely no alarm should go directly to 9-1-1. It must be directed through an alarm monitoring company.</i>		
ALARM SYSTEM INFORMATION		
ALARM INSTALLER NAME & PHONE #		
SYSTEM TYPE	Burglary_____	Fire_____ Smoke_____
MANUFACTURER & MODEL #		
ALARM FEES		
Newly Installed - \$35	Transfer of Ownership - \$20	Annual Renewal - \$20

APPLICANT SIGNATURE

If this property DOES NOT have a functional automatic alarm, please complete the information below and return the entire application to the Borough.

Name: _____ Property Address: _____
 Signature: _____ Date: _____

FOR BOROUGH USE ONLY		
2023 Date Rec'd: _____	Amount Rec'd: _____	Ck/MO#: _____
2024 Date Rec'd: _____	Amount Rec'd: _____	Ck/MO#: _____
2025 Date Rec'd: _____	Amount Rec'd: _____	Ck/MO#: _____