

STROUD TOWNSHIP MUNICIPAL CENTER  
1211 NORTH FIFTH STREET  
STROUDSBURG, PA 18360-2646  
570-421-3362  
ALARM REGISTRY/UPDATE FORM

INITIAL REGISTRY  
Residential \$20.00  
Commercial \$50.00

UPDATE INFORMATION \*  
Residential \$10.00  
Commercial \$25.00

Make check payable to Stroud Twp \*ONLY FILL OUT FOR RENEWAL IF  
INFORMATION HAS CHANGED

DATE: \_\_\_\_\_

ALARM OWNER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ BUSINESS/WORK NUMBER: \_\_\_\_\_

LOCAL CONTACT NAMES:

OUT OF TOWN CONTACT NAMES:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DIRECTIONS TO YOUR ALARM LOCATION: \_\_\_\_\_

PHYSICAL DESCRIPTION OF YOUR ALARMED PREMISE: \_\_\_\_\_

TYPE OF SYSTEM: BURGLARY FIRE SMOKE MED ALERT MCCC \*\*

NAME AND 800 NUMBER OF ALARM COMPANY: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

ALARM PERMIT NUMBER

DATE RECEIVED

FEE PAID \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK # \_\_\_\_\_

UPDATE \_\_\_\_\_

UPDATE \_\_\_\_\_

UPDATE \_\_\_\_\_