



City of Altoona Finance Dept.  
1301 12<sup>th</sup> Street Suite 104  
Altoona PA 16601  
(814) 949-2456

PERMIT NO.  
\_\_\_\_\_  
(OFFICE USE ONLY)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

**ALARM PERMIT APPLICATION**

**PERMIT FEE: \$45.00**

**INSTRUCTIONS:** Submit completed application with fee to the address listed above. Checks or money orders are payable to City of Altoona.

Failure to remit a completed application and fee may result in the issuance of a Non-Traffic Citation under Section 3 (c) of City Ordinance 4990, punishable by a fine not to exceed \$100 and/or a prison term not to exceed ten (10) days.

**NOTE: A PERMIT IS REQUIRED REGARDLESS OF WHETHER THE ALARM IS MONITORED BY A COMPANY OR NOT. IF YOU HAVE AN ALARM, YOU MUST REGISTER SAME AND PURCHASE A PERMIT. ALL PERMIT HOLDERS MUST CONTACT THEIR ALARM COMPANY FIRST IF ANY ADDITIONS OR DELETIONS ARE MADE TO KEY HOLDERS. THE ALARM COMPANY SHOULD THEN NOTIFY THE BLAIR COUNTY 911 CENTER.**

If you have any questions, please notify the City of Altoona Monday to Friday, 8:30 am to 4:30 pm.

**PROTECTED PROPERTY**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_, Altoona, PA \_\_\_\_\_ Zip \_\_\_\_\_

Alarm Location (Address): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Building Type: Commercial \_\_\_\_\_ Residential \_\_\_\_\_ (check one)

Alarm Type: Panic \_\_\_\_\_ Burglar \_\_\_\_\_ Fire \_\_\_\_\_ (check all that apply)

Alarm Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (if provided, City of Altoona will e-mail permit)

Please list three emergency contacts the Altoona Police Department can notify in the event of activity at the protected property in your absence. These persons should have access (keys) to the property, the ability to arm/disarm the alarm system, and know how to contact the owners of the protected property.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_