

April 2025 – March 2026

**BALDWIN BOROUGH POLICE DEPARTMENT**  
3344 CHURCHVIEW AVENUE  
PITTSBURGH, PENNSYLVANIA 15227  
PHONE: (412) 881-1300 FAX: (412) 653-0551

**ALARM SUBSCRIBER / PROPRIETOR PERMIT APPLICATION**

<b>OFFICE USE ONLY</b>		
PERMIT NO. _____	DATE: _____	AMOUNT PAID: _____

RESIDENT (S) NAME OR BUSINESS NAME \_\_\_\_\_ TELEPHONE NO. AT LOCATION \_\_\_\_\_

ADDRESS OF ALARMED LOCATION (HOUSE #, STREET, APT, CITY, ZIP) \_\_\_\_\_

**BUILDING TYPE** (check one) RESIDENCE ☐ BUSINESS ☐

OWNERS NAME (IF APPLICABLE) \_\_\_\_\_ ALT. TELEPHONE NO. – OWNER \_\_\_\_\_

MAILING ADDRESS OF OWNER (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

NAME OF ALARM COMPANY THAT SERVICES ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME OF COMPANY THAT MONITORS YOUR ALARM \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**ALARM TYPE** (check all that apply) BURGLARY ☐ PANIC ☐ FIRE ☐  
AUDIBLE ☐ SILENT ☐ MED ☐

DATE ALARM WAS INSTALLED (if known) \_\_\_\_\_ DATE OF LAST ALARM SYSTEM INSPECTION \_\_\_\_\_

**PLEASE SUPPLY THREE EMERGENCY CONTACTS/KEYHOLDERS\***

NAME _____	DAYTIME TELEPHONE _____	ALT./NIGHT TELEPHONE _____
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NAME _____	DAYTIME TELEPHONE _____	ALT./NIGHT TELEPHONE _____
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NAME _____	DAYTIME TELEPHONE _____	ALT./NIGHT TELEPHONE _____
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**\* ABOVE PERSONS MUST BE ABLE TO RESPOND TO THE ALARM SITE WITHIN 30 MINUTES OF POLICE NOTIFICATION.**

THE APPLICATION FEE MUST BE INCLUDED WITH THIS APPLICATION. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO THE BOROUGH OF BALDWIN.

**RESIDENTIAL PERMIT FEE: \$5.00**

**COMMERCIAL PERMIT FEE: \$60.00**

APPLICANT SIGNATURE _____	DATE COMPLETED _____
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**APPLICATION MUST BE SUBMITTED ON OR BEFORE APRIL 1<sup>ST</sup>.**

PLEASE USE THE BACK OF THIS APPLICATION TO REPORT ADDITIONAL INFORMATION.