



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

MUNICIPAL COURT
CITY OF LAMBERTVILLE
25 SOUTH UNION ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: Holic010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00056-04

ORDER DATE: 01/17/22

DELIVERY DATE: 11/07/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #: (215)794-0837

VENDOR EMAIL: acctsreceivable@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

102491

DATE PAID

PAID NOV 17 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	DEC 1 - FEB 28; INV R177513	2-01-43-490-224	167.4000	167.40
		COURT Cleaning & Maint of Buildings		
			TOTAL	167.40

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties; of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.

Holicong Security

P.O. Box 126
Holicong, PA 18928
215-794-7542

INVOICE

Date 11/04/22

Please Remit Payment By: 12/04/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

City Of Lambertville Lambertville Munici
25 S Union Street
Lambertville, NJ 08530

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
LAM10	R 177513			167.40

Description	Tax	Amount
800 Service		12.00
Additional Area / O/C With Windows		33.00
24 Hour Automatic Test Timer		18.00
High/Low Temperature Monitoring		15.00
Open/Close Monitoring with Windows		108.00
For Period DEC 1, 2022 To FEB 28, 2023		
Reflects 10% Monitoring Discount For 3 - 5 Locations		-18.60

Payment due by December 10th
Happy Thanksgiving
Holicong Security

Total Charges	167.40
Sales Tax	0.00
Total Due	167.40



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
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SHIP TO

MUNICIPAL COURT
CITY OF LAMBERTVILLE
25 SOUTH UNION ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

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PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00056-04

ORDER DATE: 01/17/22
DELIVERY DATE: 11/07/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #: (215)794-0837
VENDOR EMAIL: acctreceivable@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	DEC 1 - FEB 28; INV R177513	2-01-43-490-224 COURT Cleaning & Maint of Buildings	167.4000	167.40
			TOTAL	167.40

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Rosemary McAnany
VENDOR SIGN HERE
Accounts Receivable
OFFICIAL POSITION
23-204 3474
DATE 11/8/22

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

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Department Head

Deputy Treasurer

City Clerk/Business Admin.



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

POLICE DEPARTMENT
CITY OF LAMBERTVILLE
349 NORTH MAIN STREET
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00054-04

ORDER DATE: 01/17/22
DELIVERY DATE: 10/11/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #: (215)794-0837
VENDOR EMAIL: acctreceivable@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

102374

DATE PAID

PAID OCT 20 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN MONITORING INV R177031 SRV 11/1/2022-1/31/2023	2-01-25-240-229 POLICE Other Contractual Items	96.7700	96.77
			TOTAL	96.77

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD

DATE

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

POLICE DEPARTMENT
CITY OF LAMBERTVILLE
349 NORTH MAIN STREET
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00054-04

ORDER DATE: 01/17/22
DELIVERY DATE: 10/11/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #: (215)794-0837
VENDOR EMAIL: acctsreceivable@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
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Rosemary McNary
VENDOR SIGN HERE
Accounts Payable
OFFICIAL POSITION
10/10/22
DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

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Department Head

Deputy Treasurer

City Clerk/Business Admin.

Holicong Security

P.O. Box 126
Holicong, PA 18928
215-794-7542

INVOICE

Date 10/05/22

Please Remit Payment By: 10/25/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

Lambertville Police Department
349 N Main Street
Lambertville, NJ 08530

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
LAM08	R 177031			96.77

Description	Tax	Amount
Commercial Entrance/Exit Monitoring For Period NOV 1, 2022 To JAN 31, 2023		89.85
24 Hour Automatic Test Timer		18.00
800 Service		6.00
15% Special Discount for Police Departments		-17.08

Payment due by November 10th
We Accept Visa/MC, Discover & American Express
Holicong Security

Total Charges	96.77
Sales Tax	0.00
Total Due	96.77



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

CITY CLERK
CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00055-04

ORDER DATE: 01/17/22

DELIVERY DATE: 09/08/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #: (215)794-0837

VENDOR EMAIL: acctreceivable@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

102295
PAID SEP 15 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE MONITORING; 18 YORK inv R-176386	2-01-26-310-299 BUILDINGS Misc & Other Admin Costs	88.3500	88.35
			TOTAL	88.35

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD

DATE

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

CITO1
14/E/4220

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00055-04

SHIP TO

CITY CLERK
CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: Holicong010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

ORDER DATE: 01/17/22
DELIVERY DATE: 09/08/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #: (215)794-0837
VENDOR EMAIL: acctreceivable@holicongsecurity.com
REQUISITION #:

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CHECK NO.

DATE PAID

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				88.35

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Rosemary M. Anany
VENDOR SIGN HERE
Account Receivable 9/8/22
OFFICIAL POSITION DATE
23-2043474
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

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Department Head

Deputy Treasurer

City Clerk/Business Admin.

Holicong Security

P.O. Box 126
Holicong, PA 18928
215-794-7542

INVOICE

Date 9/06/22

Please Remit Payment By: 9/26/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

City Of Lambertville
18 York Street
Lambertville, NJ 08530

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
CIT01	R 176386			88.35

Description	Tax	Amount
Fire System Monitoring		93.00
For Period OCT 1, 2022 To DEC 31, 2022		
Reflects 5% Monitoring Discount For 2 Locations		-4.65

Are You Moving? Selling your business or building?

Your authorization and 30-day notice is needed to cancel your service.

Payment due by October 10th
We Accept Visa/MC, Discover & American Express
Holicong Security

Total Charges	88.35
Sales Tax	0.00
Total Due	88.35



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00057-03

SHIP TO

CITY CLERK
CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

ORDER DATE: 01/17/22
DELIVERY DATE: 08/25/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #: (215)794-0837
VENDOR EMAIL: acctreceivable@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

102295

DATE PAID

PAID SEP 15 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE INSPECT 349 N. MAIN INV P53727 INCLUDES RECHARGEABLE BATTERY BACKUP (\$36.00)	2-01-26-310-224 BUILDINGS Cleaning & Maint of Building	215.0000	215.00
			TOTAL	=====
				215.00

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VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

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HOLICONG LOCKSMITHS
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PO BOX 126
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VENDOR FAX #: (215)794-0837

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			TOTAL	=====
				215.00

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Rosemary McAnany
VENDOR SIGN HERE

8/26/22
DATE

OFFICIAL POSITION

23 204 3424

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

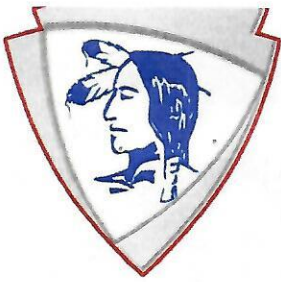
APPROVAL TO PURCHASE

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Department Head

Deputy Treasurer

City Clerk/Business Admin.



HOLICONG

LOCKSMITHS AND CENTRAL SECURITY INC.

P.O. BOX 126 • HOLICONG, PENNSYLVANIA 18928
(215) 794-7542 • FAX: (215) 794-0837

INVOICE

DATE **8/24/22**

TO:

City Of Lambertville
18 York Street
Lambertville, NJ 08530

Job Site:

Lambertville Police Department
349 N Main Street
Lambertville, NJ 08530

RETURN TOP PORTION WITH YOUR REMITTANCE

Page 1

ACCOUNT NO.	INVOICE NO.	P.O. NUMBER	SALESPERSON	PLEASE PAY THIS AMOUNT
LAM08	P 53727	Kelly Kascik		215.00
PLEASE TEAR HERE • PLEASE TEAR HERE • PLEASE TEAR HERE • PLEASE TEAR HERE • PLEASE TEAR HERE • PLEASE TEAR HERE • PLEASE TEAR HERE • PLEASE TEAR HERE • PLEASE TEAR HERE				DESCRIPTION
				AMOUNT

8/24/22 - Annual Fire Inspection; tested all known fire devices and communications. Tagged panel. Completed NFPA fire inspection certificate; copy enclosed.

179.00

One (1) rechargeable back up battery

36.00

Payment Due Upon Receipt

SUB TOTAL

215.00

TAX

0.00

TOTAL DUE

215.00

Holicong Security Acct#: LAM08 INV53727
P.O. BOX 126 • HOLICONG, PA 18928 • 215-794-7542



HOLICONG Security

1968 Holicong Road, PO Box 126 Holicong, PA 18928
215-794-7542 www.holicongsecurity.com

INSPECTION AND TESTING FORM

Date: 8/24/22 Time: 1030 - 1050

SERVICE ORGANIZATION

Name: Holicong Locksmith & Central Security
Address: 1968 Holicong Road Holicong, PA. 18928
Representative: _____
License No.: P00976/181212
Telephone: 215-794-7542

MONITORING ENTITY

Contact: Holicong Security
Telephone: 1-800-639-7019
Monitoring Account Ref. No.: 3483

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☒ Digital
☐ Reverse Priority ☐ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Dmp
Model No.: XR20
Circuit Styles: B
Number of Circuits: 1
Software Rev.: _____

Last Date System Had Any Service Performed: _____
Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: Lambertville Police Dept.
Address: 349 N. Main Street
Owner Contact: _____
Telephone: _____

APPROVING AGENCY

Contact: N/A
Telephone: _____

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Manual Fire Alarm Boxes
4	B	4	Ion Detectors
_____	_____	_____	Photo Detectors
_____	_____	_____	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☐ disabled ☒ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
2	B	2	Other (Specify): <u>sirens</u>

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☐ Yes ☒ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1)

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 16.5 Amps 40 VA
Overcurrent Protection: Type Breaker Amps _____
Location (of Primary Supply Panelboard): rear storage above door
Disconnecting Means Location: circuit breaker

(b) Secondary (Standby):
12v Storage Battery: Amp-Hr Rating 7.2
Calculated capacity in _____ Amp-Hrs to operate system for 2.1 hours
Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid
☐ Nickel-Cadmium ☐ Other (Specify): _____
☒ Sealed Lead Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70®, Article 700

Legally required standby described in NFPA 70®, Article 701

Optional standby system described in NFPA 70®, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	☒	☐	<u>ALCS</u>	<u>10³⁰</u>
Building Occupants	☒	☐	<u>shift</u>	<u>10³⁰</u>
Building Management	☐	☐	_____	_____
Other (Specify)	☐	☐	_____	_____
AHJ Notified of Any Impairments	☐	☐	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☒	☒	
Lamps/LEDs	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☐	☐	
Ground-Fault Monitoring	☐	☐	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☒		<i>replaced 8/24/22</i>
Load Voltage		☐	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☒	☒	<i>@ front office / rear hall</i>
NOTIFICATION APPLIANCES			
Audible	☒	☒	
Visible	☐	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☒	☒	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐

INTERFACE EQUIPMENT

(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

SPECIAL HAZARD SYSTEMS

(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures:

--

Comments:

--

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Trouble Signal Restoration	☒	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	☐	☐		
Monitoring Agency	☒	☐	<u>MLCS</u>	<u>1050</u>
Building Occupants	☒	☐	<u>shlt</u>	<u>1050</u>
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation:

Date: 8/24/22 Time: 1045

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Don Bernhart Date: 8/24/22 Time: 1050

Signature: Don Bernhart

Name of Owner or Representative: _____ Date: _____ Time: _____

Signature: _____



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

MUNICIPAL COURT
CITY OF LAMBERTVILLE
25 SOUTH UNION ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: Holic010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00056-03

ORDER DATE: 01/17/22

DELIVERY DATE: 08/08/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #: (215)794-0837

VENDOR EMAIL: acctreceivable@holicong.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

1022 B

DATE PAID

PAID AUG 18 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	SEPT 1 - NOV 30; INV R176056	2-01-43-490-224	167.4000	167.40
		COURT Cleaning & Maint of Buildings		
			TOTAL	167.40

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties; of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

MUNICIPAL COURT
CITY OF LAMBERTVILLE
25 SOUTH UNION ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: Holicong

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00056-03

ORDER DATE: 01/17/22

DELIVERY DATE: 08/08/22

STATE CONTRACT:

VENDOR ACCT NUM: LAMIO

VENDOR PHONE #: (215)794-7542

VENDOR FAX #: (215)794-0837

VENDOR EMAIL: acctreceiveable@holicong.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	SEPT 1 - NOV 30; INV R176056	2-01-43-490-224	167.4000	167.40
		COURT Cleaning & Maint of Buildings		
			TOTAL	167.40

CLAIMANT'S CERTIFICATION & DECLARATION

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G. McAnany
VENDOR SIGN HERE

Accts Receivable 8/9/22
OFFICIAL POSITION DATE

23-2043474

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:
CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

POLICE DEPARTMENT
CITY OF LAMBERTVILLE
349 NORTH MAIN STREET
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00054-03

ORDER DATE: 01/17/22

DELIVERY DATE: 07/05/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #:

VENDOR EMAIL: karen@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

102112

DATE PAID

PAID JUL 21 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN MONITORING INV R175572 SRV 8/1-10/31/2022	2-01-25-240-229 POLICE Other Contractual Items	96.7700	96.77
			TOTAL	96.77

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties; of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

VENDOR SIGNATURE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD

DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

POLICE DEPARTMENT
CITY OF LAMBERTVILLE
349 NORTH MAIN STREET
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00054-03

ORDER DATE: 01/17/22

DELIVERY DATE: 07/05/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #: (215)794-0837

VENDOR EMAIL: *ACCOUNTS RECEIVABLE@holicongsecurity.com*
karen@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN MONITORING INV R175572 SRV 8/1-10/31/2022	2-01-25-240-229 POLICE Other Contractual Items	96.7700	96.77
			TOTAL	=====
				96.77

CLAIMANT'S CERTIFICATION & DECLARATION

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J. Schweiler
VENDOR SIGN HERE

Accts Rec.
OFFICIAL POSITION

7/6/2022
DATE

23-2043474
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:
CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.

Holicong Security

P.O. Box 126
Holicong, PA 18928
215-794-7542

INVOICE

Date 7/05/22

Please Remit Payment By: 7/25/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

Lambertville Police Department
349 N Main Street
Lambertville, NJ 08530

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
LAM08	R 175572			96.77

Description	Tax	Amount
Commercial Entrance/Exit Monitoring		89.85
For Period AUG 1, 2022 To OCT 31, 2022		
24 Hour Automatic Test Timer		18.00
800 Service		6.00
15% Special Discount for Police Departments		-17.08

Are You Moving? Selling your business or building?

Your authorization and 30-day notice is needed to cancel your service.

Payment due by August 10th
Go to holicongsecurity.com for Online Bill Pay
Holicong Security

Total Charges	96.77
Sales Tax	0.00
Total Due	96.77



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

SHIP TO

CITY CLERK
CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00055-03

ORDER DATE: 01/17/22

DELIVERY DATE: 06/06/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #:

VENDOR EMAIL: karen@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO. 102006

DATE PAID PAID JUN 16 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE MONITORING; 18 YORK INV R 174916	2-01-26-310-299 BUILDINGS Misc & Other Admin Costs	88.3500	88.35
			TOTAL	88.35

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties; of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD

DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530
Phone: (609)397-0110
Fax: (609)397-2203

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-00055-03

SHIP TO

CITY CLERK
CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: HOLIC010

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
PO BOX 126
HOLICONG, PA 18928-0126

ORDER DATE: 01/17/22

DELIVERY DATE: 06/06/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #:

VENDOR EMAIL: karen@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE MONITORING; 18 YORK INV R 174916	2-01-26-310-299 BUILDINGS Misc & Other Admin Costs	88.3500	88.35
			TOTAL	=====
				88.35

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

Account Receivable
OFFICIAL POSITION

6/9/22
DATE

23-2043474
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT
IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.

Holicong Security

P.O. Box 126
Holicong, PA 18928
215-794-7542

INVOICE

Date 6/06/22

Please Remit Payment By: 6/26/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

City Of Lambertville
18 York Street
Lambertville, NJ 08530

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
CIT01	R 174916			88.35

Description	Tax	Amount
Fire System Monitoring		93.00
For Period JUL 1, 2022 To SEP 30, 2022		
Reflects 5% Monitoring Discount For 2 Locations		-4.65

Are You Moving? Selling your business or building?
Your authorization and 30-day notice is needed to cancel your service.

Payment due by July 10th
Go to holicongsecurity.com for Online Bill Pay
Holicong Security

Total Charges	88.35
Sales Tax	0.00
Total Due	88.35