



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. 22-00056-02

ORDER DATE: 01/17/22
DELIVERY DATE: 05/05/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #:
VENDOR EMAIL: karen@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

161925

DATE PAID

PAID MAY 19 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	JUN 1 - AUG 31; INV R174571	2-01-43-490-224 COURT Cleaning & Maint of Buildings	167.4000	167.40
			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.

P. W. Smith 5-10-22

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

P. W. Smith
Department Head

Susan Bacon
Deputy Treasurer

Uyenia G.
City Clerk/Business Admin.

Holicong Security

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

INVOICE

Date 5/05/22
Please Remit Payment By: 6/04/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

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

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
LAM10	R 174571			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 JUN 1, 2022 To AUG 31, 2022		
Reflects 10% Monitoring Discount For 3 - 5 Locations		-18.60

Are You Moving? Selling your business or building?

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

Payment due by June 10th

Holicong Security

Total Charges	167.40
Sales Tax	0.00
Total Due	167.40



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NOTICE: TAX EXEMPT - TAX ID: 22-6002021

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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. 22-00054-02

ORDER DATE: 01/17/22
DELIVERY DATE: 04/05/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #:
VENDOR EMAIL: karen@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

101825
PAID APR 21 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN MONITORING INV R-174094 SERV 5/1-7/31/2022	2-01-25-240-229 POLICE Other Contractual Items	96.7700	96.77
			TOTAL	=====
				96.77

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

Admin Abst
OFFICIAL POSITION

4/5/22
DATE

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Holicong Security

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

INVOICE

Date 4/05/22

Please Remit Payment By: 4/25/22

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 174094			96.77

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

Payment due by May 10th
30 Day Notice Required to Cancel Service
Holicong Security

Total Charges	96.77
Sales Tax	0.00
Total Due	96.77



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18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

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

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

NO. 22-00057-01

ORDER DATE: 01/17/22
DELIVERY DATE: 04/04/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #:
VENDOR EMAIL: karen@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

101825
PAID APR 21 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE INSPECT 18 YORK;INVP52618	2-01-26-310-224 BUILDINGS Cleaning & Maint of Building	179.0000	179.00
			TOTAL	179.00

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Deputy Treasurer

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VENDOR EMAIL: karen@holicongsecurity.com
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PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE INSPECT 18 YORK;INVPS2618	2-01-26-310-224 BUILINGS Cleaning & Maint of Building	179.0000	179.00
			TOTAL	=====
				179.00

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CITY OF LAMBERTVILLE
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LAMBERTVILLE, NJ 08530

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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 2/03/22
Please Remit Payment By: 2/23/22

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	P 52618	Lester Myers		179.00

Qty	Part Number	Part Description	Price Each	Tax	Amount
-----	-------------	------------------	------------	-----	--------

2/3/22 - Annual Fire Inspection; tested all known fire devices and communications. Tagged panel. Completed NFPA fire inspection certificate; copy enclosed.	N	179.00
---	---	--------

NOTE: Fire doors need to be reset.

Payment Due Upon Receipt

Holicong Security

Total Charges	179.00
Sales Tax	0.00
Total Due	179.00



HOLICONG Security

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

INSPECTION AND TESTING FORM

Date: 2/3/2022

Time: 120 - 220

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.: 4914

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☒ Digital

☐ Reverse Priority ☐ RF

☐ Other (Specify) _____

Control Unit Manufacturer: EST

Model No.: 1064

Circuit Styles: addressable

Number of Circuits: 25

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: City of Lambertville

Address: R York St

Owner Contact: _____

Telephone: _____

APPROVING AGENCY

Contact: NA

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	
<u>7</u>	<u>addressable</u>	<u>7</u>	Manual Fire Alarm Boxes
			Ion Detectors
<u>15</u>		<u>15</u>	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
<u>6</u>	<u>B</u>	<u>6</u>	Strobes
			Speakers
<u>13</u>	<u>B</u>	<u>13</u>	Other (Specify): <u>horn/strobes</u>

No. of alarm notification appliance circuits: 2

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 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 110 v Amps 50 vA

Overcurrent Protection: Type thermal Amps _____

Location (of Primary Supply Panelboard): front of Basement

Disconnecting Means Location: circuit breaker

(b) Secondary (Standby):

24v Storage Battery: Amp-Hr Rating 7.2

Calculated capacity in _____ Amp-Hrs to operate system for 24 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>HLCS</u>	<u>120</u>
Building Occupants	☒	☐	<u>staff</u>	<u>120</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	☒		
Load Voltage		☐	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
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	☒	☐	HLCs	2:00
Building Occupants	☒	☐	staff	2:20
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation:

Date: 2/3/22 Time: 2:05

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Don Benhart Date: 2/3/22 Time: 2:20

Signature: 

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

Signature: _____



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Fax: (609)397-2203

SHIP TO

CITY CLERK
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18 YORK ST
LAMBERTVILLE, NJ 08530

VENDOR

Vendor #: Holicong

HOLICONG LOCKSMITHS
& CENTRAL SECURITY, INC
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VENDOR EMAIL: karen@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

101825
PAID APR 21 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE INSPECT 25 S UNNION ANNUAL INSPECTION: \$179.00 SMOKE DETECTOR: \$107.00 (front hall) INV P52617	2-01-26-310-224 BUILINGS Cleaning & Maint of Building	286.0000	286.00
			TOTAL	=====
				286.00

CLAIMANT'S CERTIFICATION & DECLARATION

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[Signature]
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

[Signature]
Department Head

Deputy Treasurer

City Clerk/Business Admin.



CITY OF LUMBERTON
100 NORTH
LUMBERTON, NC 28356
(704) 337-1111
www.lumbertonnc.gov

Purchase Order

NO. 23-00027-B2

ORDER DATE: 07/23/23
DELIVERY DATE: 08/01/23
STATE CONTRACT:
VENUE: ACT 1000
VENUE PHONE: 1-800-333-7463
VENUE FAX:
VENUE EMAIL: venues@nc.gov
REQUIREMENTS:

CHECK NO. 101822
DATE PAID PAID APR 21 2023

CITY CLERK
CITY OF LUMBERTON
100 NORTH ST
LUMBERTON, NC 28356
HONGKONG PA 12816 0122
HONGKONG SECURITY INC
PO BOX 128
HONGKONG SECURITY INC

Vendor: H. HONGKONG

Item Description
QTY
UNIT PRICE
TOTAL PRICE

ITEM DESCRIPTION
QTY
UNIT PRICE
TOTAL PRICE

Signature: [Signature]
Title: [Title]
Date: [Date]

Signature: [Signature]
Title: [Title]
Date: [Date]

Signature: [Signature]
Title: [Title]
Date: [Date]



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. 22-00057-02

ORDER DATE: 01/17/22
DELIVERY DATE: 04/04/22
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 INSPECT 25 S UNNION ANNUAL INSPECTION: \$179.00 SMOKE DETECTOR: \$107.00 (front hall) INV P52617	2-01-26-310-224 BUILINGS Cleaning & Maint of Building	286.0000	286.00
			TOTAL	=====
				286.00

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

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 2/03/22

Please Remit Payment By: 3/05/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

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

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
LAM10	P 52617	Lester Myers		286.00

Qty	Part Number	Part Description	Price Each Tax	Amount
-----	-------------	------------------	----------------	--------

2/3/22 - Annual Fire Inspection; tested all known fire devices and communications. Tagged panel. Completed NFPA fire inspection certificate; copy enclosed.

N 179.00

One (1) 2-wire smoke detector (front hall)

N 107.00

Payment Due Upon Receipt

Holicong Security

Total Charges	286.00
Sales Tax	0.00
Total Due	286.00



HOLICONG Security

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

INSPECTION AND TESTING FORM

Date: 2/3/22 Time: 2³⁰ 3⁰⁵

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.: 3928

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☒ Digital
☐ Reverse Priority ☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Busch

Model No.: D9412

Circuit Styles: B

Number of Circuits: 2

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: Lambertville Municipal
Address: 25 S Union St
Owner Contact: _____
Telephone: _____

APPROVING AGENCY

Contact: NA
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	
<u>2</u>	<u>B</u>	<u>2</u>	Manual Fire Alarm Boxes
			Ion Detectors
<u>10</u>		<u>10</u>	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
<u>6</u>	<u>B</u>	<u>6</u>	Strobes
			Speakers
<u>5</u>	<u>B</u>	<u>5</u>	Other (Specify): <u>horn/strobes</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 14.5 Amps 40va

Overcurrent Protection: Type thermal Amps 20

Location (of Primary Supply Panelboard): electrical closet

Disconnecting Means Location: circuit breaker

(b) Secondary (Standby):

12v Storage Battery: Amp-Hr Rating 14.4

Calculated capacity in _____ Amp-Hrs to operate system for 24 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>MCLS</u>	<u>230</u>
Building Occupants	☒	☐	<u>staff</u>	<u>230</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	☒		
Load Voltage		☐	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	☒	☒	
Visible	☒	☒	
Speakers	☐	☐	
Voice Clarity		☐	

@ front entry

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	☒	☐	MLCS	3:05
Building Occupants	☒	☐	Self	3:00
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation:

Date: 2/3/22 Time: 3:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Don Bernholz Date: 2/3/22 Time: 3:05

Signature: 

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

Signature: _____



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. 22-00055-02

ORDER DATE: 01/17/22

DELIVERY DATE: 03/08/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #:

VENDOR EMAIL: karen@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID **PAID** MAR 17 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE MONITORING; 18 YORK inv R 173423 APR 1- JUN 30 2022	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

Admin Bst

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:

[Signature]
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

[Signature]
Department Head

[Signature]
Deputy Treasurer

[Signature]
City Clerk/Business Admin.

Holicong Security

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

INVOICE

Date 3/04/22

Please Remit Payment By: 3/24/22

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 173423			88.35

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

Payment due by April 10th**We accept checks, credit cards and online payments**

Holicong Security

Total Charges	88.35
Sales Tax	0.00
Total Due	88.35



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. 22-00291

ORDER DATE: 03/07/22

DELIVERY DATE:

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #:

VENDOR EMAIL: karen@holicongsecurity.com

REQUISITION #: R2200092

PAYMENT RECORD

CHECK NO.

DATE PAID

101744
PAID MAR 17 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	COURT SMOKE ALARM REPLACE SMOKE DETECTOR REPLACEMENTS MIDDLE & REAR HALLWAYS INV P-52808	2-01-26-310-224 BUILDINGS Cleaning & Maint of Building	301.9500	301.95
			TOTAL	301.95

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

OFFICIAL POSITION

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

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 3/07/22

Please Remit Payment By: 4/06/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

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

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
LAM10	P 52808	Trish Wozniak		301.95

Qty	Part Number	Part Description	Price Each	Tax	Amount
-----	-------------	------------------	------------	-----	--------

3/7/22 - Service call to replace middle and rear hallway smoke
detectors. Tested system functions and communications; ok.

N 301.95

Service Call = \$87.95

Parts = \$214.00
*two smoke detectors

Payment Due Upon Receipt

Holicong Security

Total Charges	301.95
Sales Tax	0.00
Total Due	301.95



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 #: Holicong10

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. 22-00056-01

ORDER DATE: 01/17/22
DELIVERY DATE: 02/04/22
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #:
VENDOR EMAIL: karen@holicongsecurity.com
REQUISITION #:

RECEIVED

PAYMENT RECORD

CHECK NO.

101058

DATE PAID

PAID FEB 17 2022

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	MAR 1-MAY 31 2022; INV R173021	2-01-43-490-224 COURT Cleaning & Maint of Buildings	167.4000	167.40
			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

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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 #: 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. 22-00056-01

ORDER DATE: 01/17/22
DELIVERY DATE: 02/04/22
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	MAR 1-MAY 31 2022; INV R173021	2-01-43-490-224 COURT Cleaning & Maint of Buildings	167.4000	167.40
			TOTAL	167.40

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

OFFICIAL POSITION

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 2/04/22

Please Remit Payment By: 3/06/22

Tear Off This Top Stub And Return With Payment

Page 1

City Of Lambertville
18 York Street
Lambertville, NJ 08530

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

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
LAM10	R 173021			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 MAR 1, 2022 To MAY 31, 2022		
Reflects 10% Monitoring Discount For 3 - 5 Locations		-18.60

Payment due by March 10th
30 Day Notice Required to Cancel Service

Holicong Security

Total Charges	167.40
Sales Tax	0.00
Total Due	167.40



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. 22-00055-01

ORDER DATE: 01/17/22

DELIVERY DATE: 01/17/22

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #:

VENDOR EMAIL: karen@holicongsecurity.com

REQUISITION #:

PAYMENT RECORD

CHECK NO.

101568

DATE PAID

1/20/22

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	FIRE MONITORING; 18 YORK INV R 171827 SRV 1/1/22-3/31/22	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

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 12/06/21
Please Remit Payment By: 12/26/21

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 171827			88.35

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

Payment due by January 10th

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

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. 22-00054-01

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

PAYMENT RECORD

CHECK NO.

101568

DATE PAID

1/20/22

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN MONITORING INV R 172529 SRV 2/1/22-4/30/22	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 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 1/05/22
Please Remit Payment By: 1/25/22

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 172529			96.77

Description	Tax	Amount
Commercial Entrance/Exit Monitoring For Period FEB 1, 2022 To APR 30, 2022		89.85
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?

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

Payment due by February 10th	Total Charges	96.77
Holicong Security	Sales Tax	0.00
	Total Due	96.77