



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-04

ORDER DATE: 01/07/25

DELIVERY DATE: 09/05/25

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

105730
PAID SEP 18 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	18 YORK FIRE MONITOR; R193495 PERIOD: OCT 1 - DEC 31 2025	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	=====
				168.00

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

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 9/05/25
Please Remit Payment By: 9/25/25

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 193495			168.00

Description	Tax	Amount
IP & Cellular Fire Alarm Monitoring		158.85
For Period OCT 1, 2025 To DEC 31, 2025		
24 Hour Automatic Test Timer		18.00
Reflects 5% Monitoring Discount For 2 Locations		-8.85

Payment due by October 10th
PAPERLESS BILLING NOW AVAILABLE! SIGN UP
Holicong Security

Total Charges	168.00
Sales Tax	0.00
Total Due	168.00



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-04

ORDER DATE: 01/07/25
DELIVERY DATE: 09/05/25
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
1.00	18 YORK FIRE MONITOR; R193495 PERIOD: OCT 1 - DEC 31 2025	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	168.00

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

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

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-03

ORDER DATE: 01/07/25

DELIVERY DATE: 06/05/25

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.

105452

DATE PAID

PAID JUN 26 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	18 YORK FIRE MONITOR; R192117 PERIOD COVERED JUL 1 - SEPT 30 2025 IP & CELLULAR FIRE ALARM MONITORING 24 HOUR AUTOMATIC TEST TIMER	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	=====
				168.00

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

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

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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 6/05/25
Please Remit Payment By: 6/25/25

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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 192117			168.00

Description**Tax Amount**

IP & Cellular Fire Alarm Monitoring	158.85
For Period JUL 1, 2025 To SEP 30, 2025	
24 Hour Automatic Test Timer	18.00
Reflects 5% Monitoring Discount For 2 Locations	-8.85

Payment due by July 10th

Holicong Security

Total Charges	168.00
Sales Tax	0.00
Total Due	168.00



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-03

ORDER DATE: 01/07/25

DELIVERY DATE: 06/05/25

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	18 YORK FIRE MONITOR; R192117 PERIOD COVERED JUL 1 - SEPT 30 2025 IP & CELLULAR FIRE ALARM MONITORING 24 HOUR AUTOMATIC TEST TIMER	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	168.00

CLAIMANT'S CERTIFICATION & DECLARATION

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Dennis Allanto
VENDOR SIGN HERE

Office mgr. 6/9/25
OFFICIAL POSITION DATE

23-0043474
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

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-02

ORDER DATE: 01/07/25

DELIVERY DATE: 03/10/25

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.

105171

DATE PAID

PAID MAR 20 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	18 YORK FIRE MONITOR; R190730 PERIOD COVERED: APR 1- JUN 30 2025 IP & CELLULAR FIRE ALARM MONITORING 24 HOUR AUTOMATIC TEST TIMER	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	168.00

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

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

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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 3/05/25
Please Remit Payment By: 3/25/25

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 190730			168.00

Description	Tax	Amount
IP & Cellular Fire Alarm Monitoring		158.85
For Period APR 1, 2025 To JUN 30, 2025		
24 Hour Automatic Test Timer		18.00
Reflects 5% Monitoring Discount For 2 Locations		-8.85

Payment due by April 10th

Holicong Security

Total Charges	168.00
Sales Tax	0.00
Total Due	168.00



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-02

ORDER DATE: 01/07/25

DELIVERY DATE: 03/10/25

STATE CONTRACT:

VENDOR ACCT NUM:

VENDOR PHONE #: (215)794-7542

VENDOR FAX #: (215)794-0837

VENDOR EMAIL: acctreceiveable@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	18 YORK FIRE MONITOR; R190730 PERIOD COVERED: APR 1- JUN 30 2025 IP & CELLULAR FIRE ALARM MONITORING 24 HOUR AUTOMATIC TEST TIMER	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	168.00

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.

[Signature]
VENDOR SIGN HERE

Office Manager 3/11/25
OFFICIAL POSITION 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.



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-01

ORDER DATE: 01/07/25
DELIVERY DATE: 01/07/25
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #: (215)794-0837
VENDOR EMAIL: acctstreivable@holicongsecurity.com
REQUISITION #:

PAYMENT RECORD

CHECK NO.

104985

DATE PAID ' PAID JAN 16 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	18 YORK FIRE MONITOR; R189318 SRV 1/1-3/31/25 #1	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	=====
				168.00

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

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.

Dyan Bacon

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

Dyan Bacon

Department Head

Dyan Bacon

Deputy Treasurer

Yepichka R

City Clerk/Business Admin.

Holicong Security

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

INVOICE

Date 12/05/24
Please Remit Payment By: 12/25/24

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 189318			168.00

Description	Tax	Amount
IP and Cellular Fire System Monitoring For Period JAN 1, 2025 To MAR 31, 2025 Reflects 5% Monitoring Discount For 2 Locations 24 Hour Automatic Test Timer		158.85 -8.85 18.00
REVISED 12/10/24		

Payment due by February 10th

Holicong Security

Total Charges	168.00
Sales Tax	0.00
Total Due	168.00



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00062-01

ORDER DATE: 01/07/25

DELIVERY DATE: 01/07/25

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	18 YORK FIRE MONITOR; R189318 SRV 1/1-3/31/25 #1	5-01-26-310-299 BUILDINGS Misc & Other Admin Costs	168.0000	168.00
			TOTAL	168.00

CLAIMANT'S CERTIFICATION & DECLARATION

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Debbie Allard
VENDOR SIGN HERE

Office mgr.
OFFICIAL POSITION

1/7/25
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.



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00294-04

ORDER DATE: 02/06/25

DELIVERY DATE: 11/05/25

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.

107513

DATE PAID

PAID DEC 18 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	JUSTICE CTR; INV R-194559	5-01-26-310-224	168.0300	168.03
		BUILDINGS Cleaning & Maint of Building		
			TOTAL	168.03

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

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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 11/05/25
Please Remit Payment By: 12/05/25

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 194559			168.03

Description**Tax Amount**

IP & Cellular Fire Alarm Monitoring For Period DEC 1, 2025 To FEB 28, 2026	143.85
IP & Cellular Commercial Entrance/Exit Monitoring For Period DEC 1, 2025 To FEB 28, 2026	15.00
24 Hour Automatic Test Timer	18.00
Basic Arming APP For Commercial For Period DEC 1, 2025 To FEB 28, 2026	8.85
Reflects 10% Monitoring Discount For 3 - 5 Locations	-17.67

CALL US TO SET UP AUTOPAY!!!
We Accept Visa/MC, Discover & American Express
Holicong Security

Total Charges	168.03
Sales Tax	0.00
Total Due	168.03



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00294-04

ORDER DATE: 02/06/25

DELIVERY DATE: 11/05/25

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
1.00	JUSTICE CTR; INV R-194559	5-01-26-310-224	168.0300	168.03
		BUILDINGS Cleaning & Maint of Building		
			TOTAL	168.03

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.

Dwight H. Altman
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

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00294-03

ORDER DATE: 02/06/25
DELIVERY DATE: 08/07/25
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. 105639
DATE PAID PAID AUG-21 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	JUSTICE CTR; INV R-193199	5-01-26-310-224 BUILINGS Cleaning & Maint of Building	168.0300	168.03
			TOTAL	=====
				168.03

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 8/05/25

Please Remit Payment By: 9/04/25

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 193199			168.03

Description	Tax	Amount
IP & Cellular Fire Alarm Monitoring For Period SEP 1, 2025 To NOV 30, 2025		143.85
IP & Cellular Commercial Entrance/Exit Monitoring For Period SEP 1, 2025 To NOV 30, 2025		15.00
24 Hour Automatic Test Timer		18.00
Basic Arming APP For Commercial For Period SEP 1, 2025 To NOV 30, 2025		8.85
Reflects 10% Monitoring Discount For 3 - 5 Locations		-17.67

Payment due by September 10th

Holicong Security

Total Charges	168.03
Sales Tax	0.00
Total Due	168.03



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00294-03

ORDER DATE: 02/06/25

DELIVERY DATE: 08/07/25

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
1.00	JUSTICE CTR; INV R-193199	5-01-26-310-224	168.0300	168.03
		BUILDINGS Cleaning & Maint of Building		
			TOTAL	168.03

CLAIMANT'S CERTIFICATION & DECLARATION

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Debra A. ...
VENDOR SIGN HERE

Office Mgr
OFFICIAL POSITION

2/7/25
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.



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

SHIP TO

FINANCE DEPARTMENT
CITY OF LAMBERTVILLE
18 YORK 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. 25-00756

ORDER DATE: 04/29/25

DELIVERY DATE:

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.

105348

DATE PAID

PAID MAY 15 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	ANNUAL FIRE INSPECT;INV P59315	5-01-26-310-224	194.7000	194.70
		BUILDINGS Cleaning & Maint of Building		
			TOTAL	194.70

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

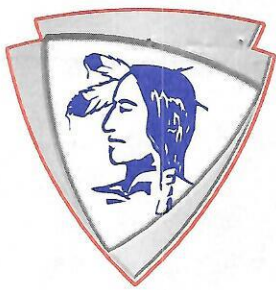
APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



HOLICONG

LOCKSMITHS AND CENTRAL SECURITY INC.

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

INVOICE

DATE 4/20/25

TO:

City Of Lambertville
18 York Street
Lambertville, NJ 08530

Job Site:

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

RETURN TOP PORTION WITH YOUR REMITTANCE

Page 1

ACCOUNT NO.

INVOICE NO.

P.O. NUMBER

SALESPERSON

PLEASE PAY THIS AMOUNT

LAM10

P 59315

Lester Myers

194.70

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

4/17/25 - Annual Fire Inspection; tested all known fire devices and communications. Tagged panel. Completed NFPA fire inspection certificate; emailed copy.

194.70

Service Call = \$99.95 (covers first 15 minutes)
30 additional minutes @ \$189.50/hour (2 techs)

Payment Due Upon Receipt

SUB TOTAL

194.70

TAX

0.00

TOTAL DUE

194.70

Holicong Security Acct#: LAM10 INV59315
P.O. BOX 126 • HOLICONG, PA 18928 • 215-794-7542



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. 25-00756

ORDER DATE: 04/29/25
DELIVERY DATE:
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
1.00	ANNUAL FIRE INSPECT;INV P59315	5-01-26-310-224 BUILDINGS Cleaning & Maint of Building	194.7000	194.70
			TOTAL	194.70

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

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DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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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.



HOLICONG Security

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

INSPECTION AND TESTING FORM

Date: 4-17-25 Time: 9:05 AM

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: DMP
Model No.: KR150
Circuit Styles: B
Number of Circuits: 4
Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: Lambertville Municipal Fac
Address: 25 S Union Street Lambertville N
Owner Contact: _____
Telephone: 609 394 1335

APPROVING AGENCY

Contact: Sue Bicorn
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>B</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>6</u>	<u>B</u>	<u>6</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 2 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 110 Amps 20
Overcurrent Protection: Type Breaker Amps 20
Location (of Primary Supply Panelboard): Electrical Room
Disconnecting Means Location: Electrical Panel Breaker #7

(b) Secondary (Standby):
12V Storage Battery: Amp-Hr Rating 14
Calculated capacity in 14 Amp-Hrs to operate system for 24 hours
Engine-driven generator dedicated to fire alarm system: N/A
Location of fuel storage: N/A

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>Holcombs</u>	<u>9:05 am</u>
Building Occupants	☒	☐	<u>Staff</u>	<u>↓</u>
Building Management	☒	☐	<u>↓</u>	<u>↓</u>
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	☒	☒	<i>Network / Cellular</i>
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	☒	☐	<i>9:30 AM</i>	
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Trouble Signal Restoration	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	☒	☐	<u>Staff</u>	<u>9:45 am</u>
Monitoring Agency	☒	☐	<u>Holicon</u>	<u>↓</u>
Building Occupants	☒	☐	<u>Staff</u>	<u>↓</u>
Other (Specify)	☐	☐	_____	_____

The following did not operate correctly:

System restored to normal operation:

Date: 4/17/25 Time: 9:45 am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Mike Morales / Jonathan R Date: 4/17/25 Time: 9:45 am

Signature: Mike Morales

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. 25-00294-02

ORDER DATE: 02/06/25

DELIVERY DATE: 05/06/25

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.

105348

DATE PAID

PAID MAY 15 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	JUSTICE CTR; INV R-191822 MONITORING PERIOD JUN 1 - AUG 31 2025	5-01-26-310-224 BUILDINGS Cleaning & Maint of Building	168.0300	168.03
			TOTAL	168.03

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

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 5/05/25

Please Remit Payment By: 6/04/25

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 191822			168.03

Description	Tax	Amount
IP & Cellular Fire Alarm Monitoring		143.85
For Period JUN 1, 2025 To AUG 31, 2025		
IP & Cellular Commercial Entrance/Exit Monitoring		15.00
For Period JUN 1, 2025 To AUG 31, 2025		
24 Hour Automatic Test Timer		18.00
Basic Arming APP For Commercial		8.85
For Period JUN 1, 2025 To AUG 31, 2025		
Reflects 10% Monitoring Discount For 3 - 5 Locations		-17.67

Payment due by June 10th

We Accept Visa/MC, Discover & American Express

Holicong Security

Total Charges	168.03
Sales Tax	0.00
Total Due	168.03



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 #: Holicong010

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. 25-00294-02

ORDER DATE: 02/06/25
DELIVERY DATE: 05/06/25
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
1.00	JUSTICE CTR; INV R-191822 MONITORING PERIOD JUN 1 - AUG 31 2025	5-01-26-310-224 BUILDINGS Cleaning & Maint of Building	168.0300	168.03
			TOTAL	168.03

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. 25-00294-01

ORDER DATE: 02/06/25
DELIVERY DATE: 02/06/25
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.

105084

DATE PAID

PAID FEB 20 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	JUSTICE CTR; INV R-190429 Monitoring Period Covered Mar 1 - May 31 2025	5-01-43-490-259 COURT Computer/Data Processing Equip	168.0300	168.03
			TOTAL	=====
				168.03

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 2/05/25

Please Remit Payment By: 3/07/25

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 190429			168.03	
Description				Tax	Amount
IP & Cellular Fire Alarm Monitoring					143.85
For Period MAR 1, 2025 To MAY 31, 2025					
IP & Cellular Commercial Entrance/Exit Monitoring					15.00
For Period MAR 1, 2025 To MAY 31, 2025					
24 Hour Automatic Test Timer					18.00
Basic Arming APP For Commercial					8.85
For Period MAR 1, 2025 To MAY 31, 2025					
Reflects 10% Monitoring Discount For 3 - 5 Locations					-17.67

We Accept Visa/MC, Discover & American Express

Holicong Security

Total Charges	168.03
Sales Tax	0.00
Total Due	168.03



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. 25-00294-01

ORDER DATE: 02/06/25

DELIVERY DATE: 02/06/25

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	JUSTICE CTR; INV R-190429 Monitoring Period Covered Mar 1 - May 31 2025	5-01-43-490-259 COURT Computer/Data Processing Equip	168.0300	168.03
			TOTAL	=====
				168.03

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.

Debbie L. Allsides
VENDOR SIGN HERE

Office Mgr. 2/7/25
OFFICIAL POSITION 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.



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. 25-00059-04

ORDER DATE: 01/06/25

DELIVERY DATE: 10/06/25

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.

107324

DATE PAID

PAID OCT 23 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN; INV R 194104	5-01-25-240-229	96.7700	96.77
		POLICE Other Contractual Items		
			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 10/06/25
Please Remit Payment By: 10/26/25

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 194104			96.77

Description	Tax	Amount
Commercial Entrance/Exit Monitoring For Period NOV 1, 2025 To JAN 31, 2026		89.85
24 Hour Automatic Test Timer		18.00
800 Service		6.00
15% Special Discount for Police Departments		-17.08

HAPPY HALLOWEEN
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

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. 25-00059-04

ORDER DATE: 01/06/25

DELIVERY DATE: 10/06/25

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
1.00	349 N MAIN; INV R 194104	5-01-25-240-229 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.

Duane Allard
VENDOR SIGN HERE

Office mgr 10/7/25
OFFICIAL POSITION 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.



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 #: Holicong010

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. 25-00059-03

ORDER DATE: 01/06/25
DELIVERY DATE: 07/09/25
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.

105547

DATE PAID

PAID JUL 17 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN; INV R 192741	5-01-25-240-229	96.7700	96.77
		POLICE Other Contractual Items		
			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

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

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. 25-00059-03

ORDER DATE: 01/06/25
DELIVERY DATE: 07/09/25
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
1.00	349 N MAIN; INV R 192741	5-01-25-240-229 POLICE Other Contractual Items	96.7700	96.77
			TOTAL	96.77

CLAIMANT'S CERTIFICATION & DECLARATION

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Dwight L. Albert
VENDOR SIGN HERE

Office Mgr. 7/15/25
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

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 #: Holicong010

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

4/9

Purchase Order

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

NO. 25-00059-02

ORDER DATE: 01/06/25
DELIVERY DATE: 04/09/25
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

105260
PAID APR 17 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN; INV R 191361	5-01-25-240-229	96.7700	96.77
		POLICE Other Contractual Items		
			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

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DEPT. HEAD DATE

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CITY OF LAMBERTVILLE
18 YORK ST
LAMBERTVILLE, NJ 08530

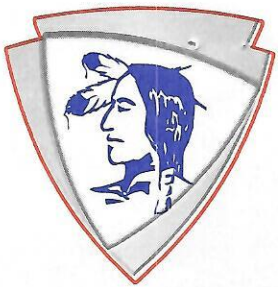
APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

Department Head

Deputy Treasurer

City Clerk/Business Admin.



HOLICONG

LOCKSMITHS AND CENTRAL SECURITY INC.

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

INVOICE

DATE 4/07/25

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	R 191361			96.77

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

Commercial Entrance/Exit Monitoring	89.85
For Period MAY 1, 2025 To JUL 31, 2025	
24 Hour Automatic Test Timer	18.00
800 Service	6.00
15% Special Discount for Police Departments	-17.08

Payment due by May 10th

SUB TOTAL

96.77

TAX

0.00

TOTAL DUE

96.77

Holicong Security Acct#: LAM08 INV191361
P.O. BOX 126 • HOLICONG, PA 18928 • 215-794-7542



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. 25-00059-02

ORDER DATE: 01/06/25
DELIVERY DATE: 04/09/25
STATE CONTRACT:
VENDOR ACCT NUM:
VENDOR PHONE #: (215)794-7542
VENDOR FAX #: (215)794-0837
VENDOR EMAIL: acctreceiveable@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; INV R 191361	5-01-25-240-229 POLICE Other Contractual Items	96.7700	96.77
			TOTAL	96.77

CLAIMANT'S CERTIFICATION & DECLARATION

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Debbie L. Alacit
VENDOR SIGN HERE

Office Manager 4/9/25
OFFICIAL POSITION 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.



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 #: 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. 25-00059-01

ORDER DATE: 01/06/25

DELIVERY DATE: 01/06/25

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

104985

PAID JAN 16 2025

NOTICE: TAX EXEMPT - TAX ID: 22-6002021

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	349 N MAIN; INV R 189966 INV R-189966 PERIOD COVERED: FEB 1 2025 - APR 30 2025	5-01-25-240-229 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 1/06/25
Please Remit Payment By: 1/26/25

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 189966			96.77

Description	Tax	Amount
Commercial Entrance/Exit Monitoring For Period FEB 1, 2025 To APR 30, 2025		89.85
24 Hour Automatic Test Timer		
800 Service		18.00
15% Special Discount for Police Departments		6.00
		-17.08

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

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. 25-00059-01

ORDER DATE: 01/06/25

DELIVERY DATE: 01/06/25

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
1.00	349 N MAIN; INV R 189966 INV R-189966 PERIOD COVERED: FEB 1 2025 - APR 30 2025	5-01-25-240-229 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.

Debbie Alseido
VENDOR SIGN HERE

Office mgr 1/7/25
OFFICIAL POSITION DATE

23-2043474
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

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Department Head

Deputy Treasurer

City Clerk/Business Admin.