

APPLICATION FOR ALARM PERMIT

Township of Upper St. Clair
1820 McLaughlin Run Road, Upper St. Clair PA 15241
Phone 412.831.9000 Ext. 5010
FAX 412.854.0773
www.twpusc.org

OFFICE USE
ALR# _____

I (We) hereby make application for an alarm permit. Execution of this application constitutes an agreement to hold the Township harmless for any damage or breakage caused by the Township while making a forced entry to answer an APD Alarm, whether false or an authentic alarm, as provided by Section 37.3 of the Township Code.

PROPERTY ADDRESS: _____ | **Email:** _____

Owner(s) First Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Last Name: 	Home Phone:
		Business Phone:
		Cell Phone:

Owner(s) Street Address, City, State & Zip: _____

Alarm Contractor, Street Address, City, State & Zip: _____ | **Phone:** _____

Alarm Manufacturer (name only required): _____

Alarm Service Company, Street Address, City, State & Zip: _____ | **Phone:** _____

LOCAL EMERGENCY CONTACT PERSON (other than person living in home): 	Home Phone:
	Business Phone:
	Cell Phone:

Residential Use: <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Alarm: <input type="checkbox"/> FIRE <input type="checkbox"/> INTRUSION <input type="checkbox"/> TAPE DIALER <input type="checkbox"/> OTHER
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Please check one: <input type="checkbox"/> Residential - \$30 <input type="checkbox"/> Nonresidential Permit - \$60 per type of alarm <input type="checkbox"/> Police Alarm Panel Connection - \$100 per account number	Is/will alarm system be connected directly to Police alarm panel? <input type="checkbox"/> YES <input type="checkbox"/> NO	Alarm Activation Date:
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Make checks payable to: "Township of Upper St. Clair"	Total Paid: 	Check No. & Bank Name or Cash Receipt No.: _____	OFFICE USE
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If you are setting up a direct connection with the Police Department, you will need to contact their office prior to submitting this form.

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA: SS
COUNTY OF ALLEGHENY:

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Owner(s) of the above-described alarm system (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation and duly authorized to complete and make this application for an Alarm Permit and this affidavit on behalf of such firm or corporation), that all of the statements contained above are true and correct. Sworn to and subscribed before me this ____ day of _____, 20____

NOTARY

OWNER'S SIGNATURE

FREE NOTARY SERVICE AVAILABLE. SIGNATORY(S) MUST APPEAR IN PERSON