

APPLICATION FOR ALARM PERMIT

Township of Upper St. Clair
1820 McLaughlin Run Road, Upper St. Clair PA 15241
Phone 412.831.9000 ext. 233 or 263 FAX 412.854.0773 www.twpusc.org

ALR NO. _____

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:

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:
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Alarm Manufacturer (name only required):

Alarm Service Company, Street Address, City, State & Zip: 	Phone:
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LOCAL EMERGENCY CONTACT PERSON 	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"/> TAPE DIALER	<input type="checkbox"/> INTRUSION <input type="checkbox"/> OTHER	Alarm Activation Date:
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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 FEES: (make all checks payable to "Township of Upper St. Clair")	Is/will alarm system be connected directly to Police alarm panel? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Total Paid: 	Check No. & Bank Name or Cash Receipt No.:
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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

