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: ☐ **Mr.** ☐ **Ms.** ☐ **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: ☐ **YES** ☐ **NO**	**Type of Alarm:** ☐ **FIRE** ☐ **INTRUSION** ☐**TAPE DIALER** ☐ **OTHER**

Please check one: ☐ **Residential - $30** ☐ **Nonresidential Permit - $60 per type of alarm** ☐ **Police Alarm Panel Connection - $100 per account number**	**Is/will alarm system be connected directly to Police alarm panel?** ☐ **YES** ☐ **NO**	**Alarm Activation Date:**

Make checks payable to: ***"Township of Upper St. Clair"***	***Total Paid:***	***Check No. & Bank Name or Cash Receipt No.:***	OFFICE USE

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' SIGNATURE