ALARM DEVICE PERMIT APPLICATION

NAME:				
HOME ADDRESS:				
HOME TELEPHONE NUM	MBER:			
BUSINESS NAME:				
BUSINESS ADDRESS:				
BUSINESS TELEPHONE	NUMBER:			
LOCATION WHERE THE	KEYPAD WI	LL BE INSTALLE	D AND OPERATED:	
TYPE OF ALARM: INT	RUSION:	FIRE:	_ PANIC: MEDIC	AL:
PERSONS WITH KEYS W WHO DO NOT RESIDE A				THE ALARM IS LOCATED, BUT
NAME:		N	NAME:	
ADDRESS:		A	ADDRESS:	
CITY:		C	ZITY:	
TELEPHONE:		TELEP	HONE:	
				D, OR SERVICED PURSUANT TO E SUPPLY THE FOLLOWING:
MONITORED: L	EASED:	RENTED:	OR SERVICED:	BY:
ALARM COMPANY:				
ADDRESS:				
TELEPHONE NUMBER: _				
DATE ALARM DEVICE V	WAS INSTAL!	LED:		
OFFICIAL USE ONLY				
		DATE	BY	
Received				Fee Paid
Reviewed				
Permit Issued				Permit#

The applicant must sign the following statement:

"I (We), the undersigned applicant (s), make application for an Alarm Device Permit, intending to be legally bound, hereby state that neither I (We), nor anyone claiming by, through or under me (us), shall make any claim against the Borough of Shillington, its Police or Fire Department, for any damages caused to the premises at which the alarm device, which is the subject of this application, is or will be located, if such damage is caused by a forced entry to said premises by employees of the Borough in order to answer an alarm from said alarm device at a time when said premises are or appear to be unattended or when in the discretion of said employee, circumstances appear to warrant a forced entry."

"I (We) have received a copy of Chapter 10, Part 4 of the Code of Ordinances of the Borough of Shillington and understand the regulations, standards and penalties contained in said Ordinance."

Signed:	
Printed Name:	_
Date:	_
REMARKS:	

This form must be completed with the *Alarm Device Permit Application* and shall serve as proof that the alarm device meets operational standards set forth in Chapter 10, Part 4 of the Code of Ordinances of the Borough of Shillington. This form is to be completed by the Security Company installing the Alarm Device OR by the Applicant.

1. Does the Alarm Device transmit as recorded message?	Y or N	
2. If the above is answered Y, is the message clear and intelligible?		
3. Does the Alarm Device activate an audible bell, siren, or other sound-		
making device on or near the premise?	Y or N	
4. If the above is answered Y, does the audible bell, siren or other sound-		
making device deactivate after a maximum or thirty minutes?	Y or N	

Chapter 10, Part 4, Subsection 406 of the Code of Ordinances of the Borough of Shillington provides that in the case of new installations, a forty-five (45) day testing period shall apply to allow the security service company and the applicant to adjust the system as necessary to prevent false alarm activations. During this forty-five (45) day period, false alarm charges will not be assessed.

The application fee is \$10.00 and is payable upon approval and processing of your application and receipt of your permit.

Checks can be made payable to: Borough of Shillington						
This form was completed by:		Applicant	Security Company			
		Plea	se Circle One			
		Signature of Per	son Completi	ng this Form		
	SHIL	LINGTON POLICE	USE ONLY			
Approved	Y or N	PERMIT#_				
		New	Update	Transfer	Other	