

SOUTH ABINGTON TOWNSHIP
 104 SHADY LANE RD., P.O. BOX 259
 CHINCHILLA, PA. 18410

EMERGENCY ALARM PERMIT

DATE _____

APPLICANT	HOME PHONE	FEE: \$10 CASH <input type="checkbox"/> CHECK # _____
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ADDRESS	TYPE OF PROPERTY: BUSINESS <input type="checkbox"/> RESIDENCE <input type="checkbox"/> MANUF. <input type="checkbox"/> OTHER _____
MAILING ADDRESS	

ACTUAL DESCRIPTION/LOCATION OF PROPERTY _____

EMPLOYER	PHONE
EMPLOYER	PHONE

ALARM INFORMATION	INTRUSION <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER _____
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MANUFACTURER	MODEL
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INSTALLER NAME	ADDRESS	PHONE
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FIRM/PERSON RESPONSIBLE TO MAINTAIN SYSTEM (INCLUDE ADDRESS)	PHONE
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LIST 2 PERSONS OTHER THAN YOURSELF OR THE ALARM COMPANY, WHO WILL BE AVAILABLE TO RE-SET ALARM	PHONE
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	PHONE
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DESCRIBE BRIEFLY / OPERATION OF ALARM:

EXACT WORDING OF TAPED MESSAGE (IF APPLICABLE):

WILL ALARM BE CONNECTED DIRECT OR BY TELEPHONE TO:	COM-CENTER <input type="checkbox"/> DIRECT <input type="checkbox"/> TELEPHONE	FIRE DEPT. <input type="checkbox"/> DIRECT <input type="checkbox"/> TELEPHONE
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I hereby certify that the above information is true and correct to the best of my knowledge. I understand that intentionally providing false information may result in charges being filed and service terminated.

Signature of Applicant

INSPECTED BY: <input type="checkbox"/> POLICE DEPT.	SIGNATURE OF OFFICIAL	DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> FIRE DEPT.	SIGNATURE OF OFFICIAL	DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

REMARKS:

