

SOUTH FAYETTE TOWNSHIP POLICE DEPARTMENT

515 Millers Run Road, Morgan PA 15064
(412) 221-2170 (412) 221-6703 fax

APPLICATION ALARM DEVICE

PERMIT NO. _____

(please type or print)

NAME: _____ PHONE: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

LOCATION OF ALARM: _____

Names, addresses and telephone numbers of at least two individuals who have keys to the premises at which the alarm device is located and who are authorized to enter the premises at any time:

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

If alarm is leased, rented, or under service agreement, give company name, address and telephone number.

Company Name _____ Address _____ Telephone _____

I (we) the undersigned Applicant (s) 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 South Fayette Township 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 South Fayette Township in order to answer an alarm first said Alarm Device at a time when said premises are or appear to be unattended or when in the discretion of said employees circumstances appear to warrant a forced entry. Further, I (we) hereby agree that, periodically and upon five (5) days written notice, representatives of the Police Department of South Fayette Township shall be allowed to enter my (our) premises between the hours of 10:00 a.m. and 5:00 pm. out weekdays for the purpose of inspection of the Alarm Device installation in order to determine whether or not it is in accordance with the operational standards set forth in 97-3 of South Fayette Twp. Ordinance 1-2000.

SIGNATURE _____ DATE _____

Permit Fee _____ Date Received _____ Approving Officer _____