



# Allegheny Township Police Department



3131 Colonial Drive  
Duncansville, Pennsylvania 16635-8013  
Station: (814) 695-3333 / Dispatch: (814) 940-5910  
Facsimile: (814) 695-5010  
Email: atpd@alleghenytownship.us  
Michael W. Robison, Chief of Police

## RESIDENTIAL Application for Alarm Device Installation / Permit

The undersigned hereby makes application to the Township of Allegheny for an ALARM DEVICE PERMIT. In accordance with Allegheny Township Supervisors adopted Alarm Ordinance 256-12-08-2021. (Please type or print legibly in ink.)

Property Owner Name: \_\_\_\_\_ Residential #: \_\_\_\_\_

Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_

(property with alarm system) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address for which we can send renewal applications: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_ Business #: \_\_\_\_\_

Alarm Company Address: \_\_\_\_\_

Names, addresses and telephone numbers of at least two persons or a firm who is authorized to respond immediately to an emergency or false alarm and to gain access to the alarm system, and who is available 24 hours/7 days a week, to respond for servicing, maintenance and to correct malfunctions as they occur.

Name: \_\_\_\_\_ Business #: \_\_\_\_\_

Address: \_\_\_\_\_ Residential #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Business #: \_\_\_\_\_

Address: \_\_\_\_\_ Residential #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Business #: \_\_\_\_\_

Address: \_\_\_\_\_ Residential #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

➤ **Please attach a general written description of the device(s) other than schematics.**

**The Type of System (i.e. holdup, burglary, fire or medical emergency) – PLEASE CIRCLE ALL THAT APPLY**

**Signed Statement:** I (we), the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby agree with the Township of Allegheny that neither I (we), nor anyone claimed by, through or under me (us), shall make any claim against the Township of Allegheny, its officials or agents, for any damages caused to the premises at which the alarm system which is subject of this application, is or will be located, if such damage is caused by forced entry to said premises by employees of the Township of Allegheny in order to answer an alarm from said alarm system at a time when said premises are or appear to be unattended or when in the discretion of said employees, the circumstances appear to warrant a forced entry.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_