



## ALARM PERMIT APPLICATION

Name:	DOB:
Home Address:	Phone:
Business Address:	Phone:
Location of Alarm System: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other	
Type of Alarm System: <input type="checkbox"/> Security <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Other	
Alarm System Monitoring Company (if applicable):	
Address:	Phone:

Please list the name, address, and telephone number of three (3) individuals who have keys to the premises and are familiar with the alarm system. **The key holder(s) and/or emergency medical, fire, or police personnel may enter the premises upon activation of alarm system.**

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

*I, the undersigned Applicant for an Alarm Permit, intending to be legally bound hereby; state that neither I, nor anyone claiming by, through, or under me, shall make any claims against the Municipality of Penn Hills for any damages caused to the premises at which the alarm system, which is the subject of this application, is or will be located if such damage is caused by responding emergency medical, fire, or police personnel at a time when said premises are or appear to be unattended, or when in the discretion of said personnel, circumstances appear to warrant a forced entry due to activation of this alarm system.*

*Furthermore, I (we) hereby agree that, periodically, and upon receiving five (5) days written notice, the Director of Police and/or the Fire Marshal (or his/her designee) of the Municipality of Penn Hills, shall be allowed to enter the premises at reasonable times for the purpose of inspecting the alarm system(s), to determine whether or not it is in conformity with the terms and conditions set forth in Chapter 848 of the Code of Ordinances of the Municipality of Penn Hills.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_