



ALARM SYSTEM REGISTRATON
APPLICATION

Township of Aleppo

100 North Drive, Sewickley, PA 15143
Phone: 412-741-6555 / Fax: 412-741-7062
www.alepptownship.com

There is a \$25.00 alarm system registration fee.
Please make your check payable to Township of Aleppo.

Name of Business or Property Owner: _____

Name of Tenant, if other than Owner: _____

Address: _____

Phone (Cell/Work): _____ Phone (Home): _____

Alarm Supplier and Phone Number: _____

Type of Alarm System (burglar, fire, medical emergency, etc.): _____

Individual or Company Responsible for Alarm Maintenance (name, address, and phone):

Person Authorized to Enter Premises to Shut Off Alarm (name, address, and phone):

I (we) the undersigned registrant(s) for an alarm device, intending to be legally bound hereby, agree with the Township of Aleppo that neither I (we) nor anyone claiming by, through or under me (us), shall make any claim against the Township of Aleppo, its officials or agents, for any damages caused to the premises at which the alarm device is or will be located, if such damage is caused by a forced entry to said premises by a firefighter or police officer in order to answer an alarm from said premises if premises are or appear to be unattended or when at the discretion of said firefighter or police officer the circumstances appear to warrant a forced entry.

Signature of Applicant(s)

Date

TO BE COMPLETED BY THE TOWNSHIP

Date Completed Application and Payment Received: _____

TO BE COMPLETED BY THE OHIO TOWNSHIP POLICE

Approval: _____

Date: _____

Joseph Hanny
Chief of Police, Ohio Township