

ALEPPO TOWNSHIP ALARM SYSTEM USER'S PERMIT

Name of Business or Owner: _____

Address: _____

Phone-Home: _____ Phone-Work/Cell: _____

Tenant if other than Owner: _____

Alarm Supplier: _____

Type of Alarm System (i.e. burglary, fire or medical emergency): _____

Individual/Company Responsible for Alarm Maintenance (name/address/phone):

Person Authorized to enter premises to shut off alarm (name/address/phone):

I (we) the undersigned registrant(s) for an alarm device, intending to be legally bound hereby, agree with Aleppo Township that neither I (we) nor anyone claiming by, through or under me (us), shall make any claim against Aleppo Township, 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 volunteer firemen or the Police Department in order to answer an alarm from said premises if premises are or appear to be unattended or when in the discretion of said firemen or policemen the circumstances appear to warrant a forced entry.

Signature of Applicant: _____ Date: _____

Please return completed form to: Aleppo Township
100 North Drive
Sewickley, PA 15143

* Permit fee of \$25.00 made payable to Aleppo Township must accompany this application.

Approval: _____ Date: _____

Joseph Hanny
Chief of Police – Ohio Township

Permit Fee Received By: _____ Amount: _____ Date: _____