

EAST HEMPFIELD TOWNSHIP POLICE DEPARTMENT

1700 Nissley Road P.O. Box 128, Landisville, PA 17538 717- 898-3103

FOR DEPARTMENT USE ONLY

Expiration Date: _____

Permit Number: _____

ALARM USER PERMIT APPLICATION

(Please Type or Print Legibly)

FEE: \$15.00*

Date _____

Type Facility Making Application For: Residential New Permit Application
 Business/Commercial Renewal
 Government

Applicant's Information:

NAME _____
Last First Middle Initial

Address City State Zip
Telephone Number: _____ Cell Phone # _____

*If Residential and head of household is 65 or older, list birth date: _____ (No fee required if over 65.)

If permit is for Business, please complete this information and the above applicant information.

Business name _____

Address City State Zip
Telephone Number: _____

Alarm Information:

Type Alarm System: Audible Only Silent Only Combined
Alarm System Designed to Register: Burglary Hold -up /Robbery Fire/Smoke/Sprinkler

Alarm Company Information:

Monitoring Agency: _____

Address: _____
Street Address City State Zip

Telephone Number: _____

Alarm Company Servicing Your System: Same as above

Company Name: _____

Address: _____
Street Address City State Zip

Telephone Number: _____

If application is for NEW permit: Date Alarm System Installed: _____

Installed by : (Company Name) _____

Address: _____
Street Address City State Zip

Telephone Number: _____

If your alarm system has an audible signal it is required to have a timing device that turns it off within 15 minutes in a residential area, 30 minutes in a commercial area.
Does your system comply with this regulation? YES NO

(Continued on other Side)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

KEYHOLDER INFORMATION:

List individuals who can be contacted to deactivate alarm signals in the event you are unavailable. At least one keyholder, other than yourself, should be listed. If employed, please list your work phone number(s).

Name: _____ Telephone No. _____

Name: _____ Telephone No. _____

Name: _____ Telephone No. _____

Name: _____ Telephone No. _____

I/We fully understand that we are required to comply with the East Hempfield Township Alarm Ordinance, to include maintaining a current, valid permit and to pay all associated fees. Failure to maintain a permit or pay a false alarm assessment fee within the guidelines of the Ordinance will result in a summary non-traffic prosecution being filed with the District Court.

❖ FALSE ALARM ASSESSMENT FEES: (Effective January 1st, 2015)

NOTE: False alarm fees are assessed during a calendar year as follows:

Alarm # 1	NO Charge	Alarm # 2	\$ 25.00
Alarm # 3	\$ 100.00	Alarm # 4	\$150.00
Alarm # 5 or More	\$250.00	<u>PER RESPONSE</u>	

If you feel you have been issued a false alarm response assessment notice in error, you must contact this Department in writing within 10 business days of receipt explaining the circumstances as to why the alarm should not be counted as a false alarm. A representative of this Department will review the information and render a decision as to whether the alarm will be considered false. You will be contacted and advised of the final outcome.

I/We certify that the information contained within this application is true and correct.

(SIGNATURE REQUIRED FOR APPROVAL)

Applicant/Authorized Signature

Print/Type Name

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Application reviewed by: _____ Date: _____ Approved Disapproved

Fee Received: Yes No/Exempt

Form of payment: Cash Personal Check Business Check

Check No: _____ Receipt No: _____

Reason for disapproval:

- \$15.00 Fee Required
- Signature Required
- Incomplete information supplied
- Other _____

Please return application after correcting the area's marked.