

**SOUTH ABINGTON TOWNSHIP**104 SHADY LANE RD., P.O. BOX 259  
CHINCHILLA, PA. 18410**EMERGENCY ALARM PERMIT**

DATE \_\_\_\_\_

APPLICANT _____		HOME PHONE _____	FEE: \$10 CASH <input type="checkbox"/>
ADDRESS _____			CHECK # _____
MAILING ADDRESS _____		TYPE OF PROPERTY: BUSINESS <input type="checkbox"/> RESIDENCE <input type="checkbox"/>	
ACTUAL DESCRIPTION/LOCATION OF PROPERTY _____		MANUF. <input type="checkbox"/>	
EMPLOYER _____		OTHER _____	
EMPLOYER _____		PHONE _____	
EMPLOYER _____		PHONE _____	
ALARM INFORMATION	INTRUSION <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER _____		
MANUFACTURER _____	MODEL _____		
INSTALLER NAME _____	ADDRESS _____	PHONE _____	
FIRM/PERSON RESPONSIBLE TO MAINTAIN SYSTEM (INCLUDE ADDRESS) _____		PHONE _____	
LIST 2 PERSONS OTHER THAN YOURSELF OR THE ALARM COMPANY, WHO WILL BE AVAILABLE TO RE-SET ALARM _____		PHONE _____	
_____		PHONE _____	

DESCRIBE BRIEFLY / OPERATION OF ALARM:  
\_\_\_\_\_  
\_\_\_\_\_EXACT WORDING OF TAPED MESSAGE (IF APPLICABLE):  
\_\_\_\_\_  
\_\_\_\_\_

WILL ALARM BE CONNECTED	COM-CENTER	FIRE DEPT.
DIRECT OR BY TELEPHONE TO:	<input type="checkbox"/> DIRECT <input type="checkbox"/> TELEPHONE	<input type="checkbox"/> DIRECT <input type="checkbox"/> TELEPHONE

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that intentionally providing false information may result in charges being filed and service terminated.

<i>Signature of Applicant</i>			
INSPECTED BY: <input type="checkbox"/> POLICE DEPT.	SIGNATURE OF OFFICIAL _____	DATE _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> FIRE DEPT.	SIGNATURE OF OFFICIAL _____	DATE _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

REMARKS:  
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\_\_\_\_\_  
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