

INSTRUCTIONS FOR  
WEST CALN TOWNSHIP APPLICATION  
FOR ALARM DEVICE PERMIT

1. Name of Applicant: The names of all owners, lessees or other persons in whose name premises are occupied shall be inserted in item 1.
2. Applicant's home address: The residence addresses of all applicants shall be inserted in item 2.
3. Applicant's business address and telephone number: The business addresses of all applicants and telephone numbers shall be inserted in item 3.
4. Location at which the alarm device will be installed and operated. The complete address of the property where the alarm device is located shall be inserted in item 4.
5. Names, addresses and telephone numbers of two authorized persons: The names, addresses and telephone numbers of at least two individuals who have keys to the premises identified in item 4 who are authorized to enter such premises at any time but who do not reside at the premises identified in item 4 shall be inserted in item 5.
6. General description of alarm device: A general written description of the particular alarm device which is installed at the premises identified in item 4 which shall not consist of schematics shall be inserted in item 6.
7. The name, address and telephone number of any individual, corporation, partnership or association or similar entity which services the alarm device at the location identified in item 4 shall be inserted in item 7.
8. The permit fee of \$5.00 shall accompany this application.
9. The application shall be signed and dated by all applicants identified in item 1.

WEST CALN TOWNSHIP  
APPLICATION FOR ALARM DEVICE PERMIT

NOTE: Please read the attached instructions which must be complied with in completing this form.

1. Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Applicant's home address  
and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_
3. Applicant's business address  
and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_
4. Location at which the alarm  
device will be installed  
and operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Names, addresses and  
telephone numbers of two  
authorized persons: (1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_  
  
(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

6. General description of alarm device:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Name, address and telephone number of service agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

**IMPORTANT - READ THIS NOTICE BEFORE SIGNING APPLICATION**

The undersigned applicant(s) for an alarm device permit, intending to be legally bound by this statement, agree(s) with West Caln Township that I (we), nor anyone claiming through me (us) shall make any claims against West Caln Township or its officials or its agents for any damages to the premises at which the alarm device which is the subject of this application is or will be located if the damage is caused by a forced entry to the premises by employees of West Caln Township in order to answer an alarm from the alarm device at a time when in the discretion of such employees the circumstances appear to warrant a forced entry.

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

\_\_\_\_\_  
(Applicant)

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

\_\_\_\_\_  
(Applicant)