



**WEST WHITELAND TOWNSHIP ALARM PERMIT APPLICATION**

PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_

**Application will not be processed without an attached check or money order for \$25.00, made payable to West Whiteland Township. Persons 65+ do not have to pay the permit fee if the permit address is their primary residence.** The permit becomes effective on the date the Police Department receives your completed application, and will be mailed to the Address you provide. The permit will be valid for the period that the applicant shall reside at the premises listed on the application.

**Please print your information clearly.**

RESIDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ARE THERE HANDICAPPED PERSONS ON THE PREMISES? YES      NO

ALARM TYPE:             BURGLARY             PANIC             MEDICAL       SILENT

PD NOTIFIED BY:       ALARM CO.             PHONE (DIRECT)       PANEL       OTHER

NAME OF INSTALLER: \_\_\_\_\_

INSTALLER'S STATE LICENCE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON & PHONE: \_\_\_\_\_

MONITORING COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON & PHONE: \_\_\_\_\_

CONTACT PERSONS:      Please list at least 3 persons with a 30 minute maximum response time.

**\*(List persons in the order they are to be contacted.)**

#1 Name	Home #	Alternate #
#2 Name	Home #	Alternate #
#3 Name	Home #	Alternate #

*"The information contained in this application is true and correct as of the date of this application. I will inform the Police Department promptly of any changes. I shall comply with all provisions of the Alarm Chapter of the West Whiteland Township Code of Ordinances. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the West Whiteland Township for the collection of such fines or fees." (See Chapter 91, Section 15 A & B of the West Whiteland Township Code of Ordinances.)*

Applicant's Signature	Applicant's Name Printed	Date Signed
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**For Office Use Only**

Date Received/Issued \_\_\_\_\_

Permit # \_\_\_\_\_