



COLLIER TOWNSHIP
ALARM DEVICE PERMIT APPLICATION

1. Name of Applicant: _____

2. Alarm location address: _____

Billing Address if different from alarm location (parent company):

3. Home or Business Telephone Number of Applicant:

Home _____ Business _____

Other _____ Type (cell, etc.) _____

4. Name, address and telephone number of at least two (2) individuals who have keys to the premises at which the Alarm Device is located and who are authorized to enter the premises at any time, but who do not reside at the location of the Alarm Device:

a. Name: _____

Address: _____

Phone: _____

b. Name: _____

Address: _____

Phone: _____

5. Name, address and telephone number of Alarm Company:

(over)

6. Description of alarm device (motion, glass, fire):

Model _____ Audible _____ Silent _____

7. Location in building: _____

8. Install date: _____

9. If the Alarm Device is to be leased or rented from, or is to be serviced pursuant to a service agreement by, a person other than the person making application for an Alarm Device Permit, the name, address and telephone number of that person:

"I(We) the undersigned Applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state that neither I(we), nor anyone claiming by, through or under me(us) shall make any claim against the Township of Collier for any damage caused to the premises at which the Alarm Device, which is the subject of this application, is or will be located, if such damage is caused to the premises by employees of the Township of Collier in order to answer an alarm from said Alarm Device at a time when said premises are or appear to be unattended or when in the discretion of said employees, circumstances appear to warrant a forced entry."

Signature of Applicant(s)

Return form to:

COLLIER TWP. POLICE
2418 HILLTOP ROAD, SUITE 400
PRESTO, PA 15142

PERMIT FEE: Residential \$50.00
Commercial \$65.00