



WEST GOSHEN TOWNSHIP POLICE DEPARTMENT ALARM APPLICATION AND PERMIT

PERMIT NUMBER: _____
ADDRESS OF PROPERTY WHERE ALARM IS LOCATED: _____

NAME, ADDRESS AND PHONE NUMBER OF OWNER, LESEE (USER)

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

PHONE NUMBER(S): _____

E-MAIL: _____

NAME OF BUSINESS: _____

BUSINESS PHONE NUMBERS _____

EMERGENCY PHONE NUMBERS – NAME, ADDRESS AND PHONE NUMBERS:

1. NAME: _____
(Name) (Phone)

2. NAME: _____
(Name) (Phone)

3. NAME: _____
(Name) (Phone)

ALARM COMPANY MAINTAINING ALARM SYSTEM (IF APPLICABLE):

NAME: _____ PHONE: _____

TYPE OF ALARM: (CHECK ALL THAT APPLY)

BURGLAR HOLD UP MEDICAL EMERGENCY OTHER

EXPLAIN OTHER: _____

ALARM WILL BE RECEIVED AT THE POLICE COMMUNICATION CENTER BY: (CHECK ONE)

TAPED MESSAGE CENTRAL STATION OTHER

EXPLAIN OTHER: _____

AT THE PROPERTY, THE ALARM WILL BE: (CHECK APPLICABLE BOX / BOXES)

SILENT AUDIBLE OTHER

EXPLAIN OTHER: _____

NOTE: APPLICANT (USER) MUST SIGN BOTH PAGES OF THIS APPLICATION.

SIGNATURE OF USER: _____ DATE _____

FOR POLICE DEPARTMENT

USE ONLY

DATE RECEIVED: _____

AMOUNT OF FEE RECEIVED: \$ _____

PROCESSED BY: _____

DATE PERMIT SENT TO USER: _____

EXPIRATION DATE: _____

CHIEF OF POLICE

CONSENT BY OWNER, LESSEE, OR OWNER

As provided in 25.19 A 1 of the Alarm Ordinance (ordinance #4-1985) of West Goshen Township, the undersigned, user, lessee or owner of the alarm located at the premises indicated on the reverse side hereof, hereby agrees, as a condition to installation and / or continued operation of such equipment, to pay West Goshen Township for all false alarms originating from the indicated premises as follows:

First false alarm per calendar year – warning - false alarm # 2 & # 3 (\$50.00)
False alarm #4 thru # 7 (\$100.00) False alarm # 8 and balance of year (\$200.00)

Further if this is a medical alarm, the owner, lessee or user hereby agrees that this application / permit shall constitute a waiver by such person of the right to bring or file any action, claim or complaint whatsoever against any police officer, West Goshen Township, or medical emergency personnel who make or makes a forced entry in response to such an alarm into the premises on which such an alarm is installed. In the event the owner of such premises is a person other than the permit applicant, as in the instance of a lessee or other user not the owner of the premises on which the alarm is installed, this application / permit shall constitute an indemnification agreement by the applicant to hold harmless any such police officer or medical emergency personnel from any and all damages whatsoever claimed by the lesser or owner of the premises on which the alarm is installed.

The undersigned applicant agrees that this application for a permit for the installation of an alarm system and subsequent installation of such a system pursuant to a permit issued or the continuance of the installation and / or operation of any alarm system already installed at the time of said application shall constitute consent by the owner or lessee thereof and authorization for the inspection of any such installation and / or operation by the Chief of Police, Township Zoning Officer, Township Building Inspector or any other designated agent of the Township. All such entries upon the premises which an alarm system is installed and all such inspections of the installation and operation of alarm systems shall be at reasonable times and upon reasonable notice, except in emergency situations.

I have read the above consents and waiver and agree to these conditions.

Signature of applicant (user) _____ Date: _____

NOTE: APPLICANT (USER) MUST SIGN BOTH PAGES OF THIS APPLICATION.

APPLICANTS OVER 65 YEARS OF AGE:

If you are over 65 years of age and the principal resident of the premises at which this alarm is located and there is no business located at this location, sign below, have this application notarized and return same to Police Department. This Notarized statement will waive the permit / application fee.

(NOTARY)

Signature of applicant over 65