

AUTOMATIC ALARM SYSTEM REGISTRATION

MANCHESTER TOWNSHIP
3200 FARMTRAIL ROAD
YORK, PA 17406
Telephone: (717) 764-4646 Fax: (717) 767-1400

OFFICE USE ONLY

Permit # _____
Fee _____
Copy to: FIRE POLICE
Date _____ By _____

ALARM SYSTEM
USER INFORMATION

NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # _____
USE OF BUILDING: (Circle one) Residential Commercial Industrial Other

PROPERTY OWNER
INFORMATION
(if different from user)

NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # _____
TAX MAP _____ PARCEL _____

ALARM INFORMATION

(Circle one)

Type of Alarm System: AUDIBLE ONLY SILENT ONLY COMBINED
Alarm System Designed to Register: BURGLARY ROBBERY FIRE OTHER
Alarm Signal Transmitted By: AUDIBLE TAPE DIALER DIGITAL DIALER LEASED LINES

OTHER THAN AUDIBLES ONLY, WHERE IS INITIAL ALARM SIGNAL RECEIVED?

MONITORING AGENCY _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # _____ CONTACT PERSON _____

DATE ALARM SYSTEM ORIGINALLY INSTALLED _____

INSTALLED BY (COMPANY NAME) _____

STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # _____

I/We the alarm system installer, hereby certify that the alarm system has been installed in compliance with the provisions of Manchester Township Ordinance #88-06.

_____ Date _____ Alarm System Installer Signature

ALARM COMPANY SERVICING YOUR SYSTEM: Same as Above (If other than installer, please list)

COMPANY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # _____

List individuals who can be contacted to deactivate alarm signal (key holders), if need would arise. Please list in order to be called:

#1 Name _____ Phone # _____

Address _____

#2 Name _____ Phone # _____

Address _____

#3 Name _____ Phone # _____

Address _____

PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION

I/We fully understand that the obligation for maintenance, repair, and upkeep of the alarm system shall be the full responsibility of the person who shall have control of the building, structure or facility where the alarm system is located.

I/We fully understand that it shall be unlawful to test or work on the automatic fire alarm system without prior notification of the Manchester Township Fire Chief, violation of which may subject user to criminal penalty.

I/We fully understand that this application can be disapproved and permit denied, or subsequently issued permit can be suspended or revoked for any of the following reasons:

1. The applicant does not agree to comply or fails to comply with the requirements of Manchester Township Ordinance #88-06 as amended, and/or rules and regulations adopted pursuant to the ordinance; or
2. The applicant has knowingly made any false, misleading, or fraudulent statement of a material fact in the application or in any report or record required to be filed with the Township; or
3. The applicant has had a similar type permit previously revoked for good cause in the past unless the applicant can show a material change in the circumstances since the date of revocation.
4. Where an Automatic Alarm System actuates false alarms in excess of the number approved in the rules and regulations adopted to administer and enforce the ordinance.

I/We certify that I/we have read the "Manchester Township Automatic Alarm System Ordinance" and that I/we further certify that the information contained within this application is true and correct.

Alarm System User Signature

Date

Alarm System User Typed or Printed Name