

**KENNEDY TOWNSHIP POLICE DEPARTMENT
ALARM DEVICE PERMIT APPLICATION**

NAME:
HOME ADDRESS:
TELEPHONE:
BUSINESS ADDRESS:
BUSINESS TELEPHONE:

Names, address and telephone number of one [1] individual who has a key to the premise where alarm device is located and who is authorized to enter the premise at any time.

Name: _____ **Address:** _____

Telephone: _____

Company name if alarm is leased, rented, or under service agreement.

Company Name	Address
Telephone Number _____	

“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 Kennedy Township for any damages caused to the premises at which the Alarm Device is or will be located, if such damage is caused by a forced entry to said premises by employee/s of Kennedy Township 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 employee/s, circumstances appear to warrant a forced entry.”

Please return the permit and fee within ten [10] days. If you do not respond to this request and a second request is sent, you can be fined an additional \$25.00 for failure to obtain a permit. Any questions, please call 412-331-2408, police non-emergency number.

Signature: _____ **Date**

Received: _____

Permit Fee: Business and/or Commercial: \$20.00
Residential: \$15.00 Mail to 340 Forest Grove Road, Coraopolis, Pa. 15108
Make check payable to Kennedy Township

Approving Officer: _____