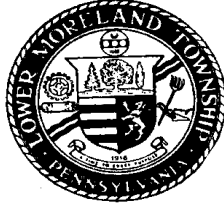


LOWER MORELAND TOWNSHIP
640 Red Lion Road
Huntingdon Valley, PA 19006
Tel: 215-947-3100 Fax: 215-947-3615

ALARM PERMIT APPLICATION



Residential ()
Commercial ()
Industrial ()

NAME _____

ADDRESS _____

HOME TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____

TYPE OF ALARM SYSTEM
Local () Direct Connect () Central Station () Other () Explain _____

TYPE OF ALARM
Burglar () Fire () Hold Up () Medical Emergency () Other () Explain _____

PROPERTY LOCATION OF THE ALARM:
Silent () Audible Exterior () Audible Interior () Other () Explain _____

Supply any additional information that will assist in securing the alarm and/or the property: _____

Name and telephone number(s) of company(s) installing, monitoring, inspecting, responding to and/or maintaining alarm system:

1. _____

2. _____

NAME AND TELEPHONE NUMBER OF TWO INDIVIDUALS OTHER THAN YOURSELF THAT WOULD HAVE ACCESS TO YOUR PROPERTY IN CASE OF AN ALARM EMERGENCY

1. _____

2. _____

**THIS IS TO CERTIFY THAT THE ALARM
SYSTEM INSTALLED AT THE ABOVE CAPTIONED
ADDRESS COMPLIES WITH ORDINANCE #343
OF LOWER MORELAND TOWNSHIP**

"I (We), the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby, agree with Lower Moreland Township neither I (we), nor anyone claiming by, through or under me (us), shall make any claim against Lower Moreland Township, its officials or agents for any damages 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 by a forced entry to said premises by employees of Lower Moreland 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 employees the circumstances appear to warrant a forced entry".

Signature _____ Date _____