

BUTLER TOWNSHIP POLICE DEPARTMENT

290 S. Duffy Road
Butler, PA 16001



John R. Hays
Chief of Police

ALARM DEVICE PERMIT APPLICATION RESIDENTIAL

PLEASE PRINT

#1 Applicant's Last Name First Name Middle Name

#2 Applicant's Last Name First Name Middle Name

Address (Location Of Alarm)

Mailing Address If Different From Location Of Alarm

Home Phone Number

Check Type of Alarm: Burglar Alarm Medical Alert Holdup Other _____
(if other please describe)

Name Of Company That Installed The Alarm: _____

Address: _____

Phone #: _____

Name Of Company That Monitors The Alarm: _____

Address: _____

Phone #: _____

CONTACT PERSONS:

1. Name _____ Phone # _____

Address _____

2. Name _____ Phone # _____

Address _____

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 Butler Township, Butler County, Pennsylvania, 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 by a forced entry to premises by authorized representative of Butler Township, Butler County, Pennsylvania, 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 authorized representatives, circumstances appear to warrant a forced entry and further, I (we) do hereby release Butler Township, its agents, servants, and or employees from any due claim for any damages arising from entry authorized here.

Signature of Applicant #1

Date

Signature of Applicant #2

Date

AS CHANGES ARE MADE IN YOUR CONTACTS AND OTHER INFORMATION IN THE FUTURE, PLEASE CONTACT THE BUTLER TOWNSHIP POLICE DEPARTMENT SO THE RECORDS ARE KEPT UP TO DATE.

Phone: (724) 285-9600

Email: police@butlertwp.org

Fax: (724) 285-9443