

TOWNSHIP OF HARRISON

ALARM PERMIT

Name _____ Phone # _____

Address _____

Address where alarm is installed _____

Type of building _____

Use of building _____

Type of Alarm System _____

Alarm activates for: _____ Burglar _____ Fire _____ Medical emergency _____ (_____)
Other

Initial Alarm signal is sent to: _____ Alarm Service Co.
_____ Audible Signal on premises only

Police/Emergency Communications Center is notified **by**:
_____ phone from Alarm Service Co.
_____ premise's audible alarm induces reaction/response

Normal Business Hours: _____ to _____

Alarm manufacturer's name _____

Alarm Service Company _____ Phone# _____

(Name) (Phone #)

- Whom **will your Alarm Co. notify in emergency?**
1. _____
 2. _____
 3. _____

*For commercial or public building: Is a Knox box (security access) in place outside of building ?
_____ YES _____ NO

SIGNATURE OF PERMIT HOLDER

Date Updated

* **Mail TO:** Harrison Twp. P.O. Box 376 Natrona Hts., PA 15065-0376

Township Permit # _____
Received by: _____ Executive Secretary Date _____