

TOWNSHIP OF HARRISON

ALARM PERMIT

Name _____ Phone # _____

Address _____

Email _____

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 Company

_____ 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. Ordinance Office P.O. Box 376 Natrona Heights, PA 15065-0376

Township Permit # _____

Received by: _____ Ordinance Office Date _____