

# East Bradford Township Alarm Registration Form

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The information below is used by the West Chester Police Department to notify you or someone you designate, in the event of an emergency. Please complete this form and return it to **West Chester Borough**. Registration Forms should be **mailed or delivered to: West Chester Borough**, 401 East Gay Street, West Chester, PA 19380, Attn: Staci King.

## I. Property Information (where the alarm is located)

Property owner name: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone 1: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

Phone 2: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

Phone 3: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

Email: \_\_\_\_\_

Is property leased to someone other than the property owner?

- Yes. Complete Section II below.
- No. Skip Section II below and proceed to Section III.

## II. Lessee Information

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone 1: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

Phone 2: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

Phone 3: \_\_\_\_\_  Home  Work  Cell  Other: \_\_\_\_\_

Email: \_\_\_\_\_

## III. Alarm Company Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone : \_\_\_\_\_ Type of alarm:  Burglar  Fire  Both

Is alarm connected to an answering service or any other person or firm who is authorized to respond to an emergency and gain access to the address where the device is installed?

- Yes. Complete Section IV below.
- No. Skip Section IV below and proceed to Section V.

#### IV. Answering Service Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone : \_\_\_\_\_

#### V. System Maintenance & Repair

Is the alarm company listed above responsible for maintenance and repair of the system?

- Yes. Proceed to Section VI below.
- No. Provide the contact information for the person, firm or corporation responsible for the maintenance and repair of the system:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone : \_\_\_\_\_

#### VI. In Case Of Emergency, Please Notify:

		Have a key?	
		Yes	No
#1 Name _____	Phone _____	_____	_____
#2 Name _____	Phone _____	_____	_____
#3 Name _____	Phone _____	_____	_____

#### VII. Certification

I have read Chapter 42, Alarm Systems, and agree to all conditions contained in that chapter as well as the current fee schedule page related to alarms.

I have obtained a copy of the operating instructions and a maintenance manual for the automatic protection device from the supplier.

I have made arrangements for service to be available to the automatic protection device on a twenty-four-hour-per-day, seven-day-per-week basis.

I have obtained repair service written information as to how service may be obtained at any time, including the telephone number of the automatic protection device supplier or agent responsible for service

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_