



WILLISTOWN TOWNSHIP POLICE DEPARTMENT

688 Sugartown Road
Malvern, PA 19355-3302

(610) 251-0222 FAX (610) 251-2314

PERMIT FEE \$25.00

AUTOMATIC PROTECTION DEVICE PERMIT APPLICATION

RENEWAL FEE \$10.00
(Required for change in ownership/tenancy)

I hereby make application for a permit to install an automatic protection device on the premises as follows:

NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

Number & street

Daily/Single No.

City

State

Zip Code

FOR: RESIDENCE BUSINESS

TYPE ALARM _____

BURGLAR

FIRE

HOLD-UP

PANIC

OTHER

IS ALARM AUDIBLE YES NO

IF YES PLEASE CHECK

INSIDE

OUTSIDE

BOTH

IF BUSINESS, TYPE: _____

NORMAL BUSINESS HOURS: _____

ALARM INSTALLER: _____

TELEPHONE: _____

LICENSE NUMBER: _____

ADDRESS: _____

BUSINESS APPLICANTS ONLY REQUIRED TO LIST THREE (3) PERSONS TO NOTIFY IN EVENT OF AN EMERGENCY

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

The applicant by signature below hereby authorizes Willistown Township to permit the appropriate police and fire personnel to enter the premises at such reasonable times and upon reasonable notice to inspect the installation and operation of the device, and shall agree this signed permit application constitutes a waiver by such applicant of the right to bring or file action, claim or complaint whatsoever, based upon such entry into subject premises against any police officer or fireman who makes such an entry in response to such alarm from the premises on which such automatic protection device is installed.

The applicant further understands false activations of the alarm system are subject to fines as specified in Chapter 61 of the Township Code, Alarm Devices.

AUTHORIZED APPLICANT SIGNATURE _____

DATE _____

AUTHORIZED INSTALLER SIGNATURE _____

DATE _____