

**SKIPPACK TOWNSHIP
BURGLAR/FIRE ALARM REGISTRATION**

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PROPERTY LOCATION: _____

PROPERTY TYPE: [] Residential [] Commercial

TYPE OF ALARM: [] Audible Burglar [] Silent Burglar

[] Audible Fire [] Silent Hold-Up

[] Central Station [] Phone Message

[] Other: _____

ALARM MANUFACTURER: _____

ALARM SERIAL NUMBER: _____

ALARM SERVICE COMPANY: _____

TELEPHONE NUMBER: _____

INSTALLATION DATE: _____

LOCATION OF UNIT: _____

LOCATION OF CONTROL SWITCH: _____

TRIPPED ALARM NOTIFIES: _____

ADDRESS: _____ PHONE: _____

PERSON TO CONTACT IN THE EVENT OF ALARM: (Person must be able to silence alarm)

1. NAME: _____ PHONE: _____

ADDRESS: _____ TRAVEL TIME: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____ TRAVEL TIME: _____

The undersigned understands and acknowledges that the purpose of an alarm is to detect unauthorized entry by an intruder and to alert police to such entry. In order to properly investigate any alarm, I/we hereby give police permission to enter my property and I/we release them from any unavoidable damage to my property in so doing.

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____