

**TOWNSHIP OF SCOTT
APPLICATION
Alarm Device Permit**

Ordinance No. 1523-03

Security _____
Fire _____

(Please type or print)

PERMIT NUMBER _____

BUSINESS _____ RESIDENTIAL _____

NAME _____

ADDRESS _____

PHONE: Home _____ Work: _____ Fax: _____

LOCATION OF ALARM _____

Names, addresses and phone numbers of at least two individuals who have keys to the premises at which the alarm device is located and who are authorized to enter the premises at any time.

NAME	ADDRESS	PHONE
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If alarm is leased, rented or under service agreement, give alarm company name, address and phone number.

COMPANY NAME	ADDRESS	PHONE
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I (We) the undersigned Applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state neither I (we), nor anyone claiming by, through or under me (us) shall make any claim against Scott Township for any damages caused to the premises of which the Alarm device, which is the subject of this application, is or will be located. If such damage is caused by a forced entry to said premises by employees of the Township of Scott or Volunteer Fire Department in order to answer an alarm from said Alarm Device at a time when said premises are or appear to be unattended or when, in the discretion of said employees, circumstances appear to warrant a forced entry.

Further, I (we) hereby agree that, periodically and upon five (5) days written notice, representatives of the Township of Scott shall be allowed to enter the premises to inspect the alarm device in order to determine whether or not it is in accordance with the operational standards of the Township.

Complete Form and Send Payment To:

Township of Scott
301 Lindsay Road
Carnegie, PA. 15108
Ph. # 412-278-7725

Signature

Date

FOR OFFICE USE ONLY

Security Permit Fee \$25.00
Fire Permit Fee \$50.00

Date Received _____

Approving Officer Date Approved

Approving Officer Date Approved