



TOWNSHIP OF WARMINSTER

POLICE DEPARTMENT

401 Gibson Avenue • Warminster, Pennsylvania 18974 • (215) 443-5000 • Fax: (215) 443-2988

CHIEF OF POLICE
S. Michael Murphy

BUSINESS ALARM REGISTRATION

One time registration fee: **\$5.00** Date _____
(If paying by check make payable to Warminster Township)

Name of Business _____

Address _____

City Warminster State PA Zip 18974

Name of Contact Person _____ Hours _____

Phone _____ Work _____ Cell _____

E-mail address _____

Please list name and phone number of at least two persons, one of which must be available to respond to alarm location and capable of arriving more than thirty (30) minutes at the request of emergency personnel.

1. Name _____ Phone number _____

2. Name _____ Phone number _____

DESCRIPTION OF ALARM EQUIPMENT

Manufacturer _____ Type _____

Installed by _____ Date _____

Maintained & Serviced by (Company Name) _____

Address _____

City _____ State _____ Zip _____

How will notification to Emergency Personnel be made? _____

Is Alarm: Audible Silent Both Other (specify) _____

Remarks or special information _____

I agree to the following terms or conditions: to maintain, repair and correct, at my expense, defects or other conditions likely to generate false alarms. Further, to pay a service fee as follows for each false alarm generated by my alarm.

- 1 – 3 alarms each calendar year – no charge
- 4 – 10 alarms - \$25.00 each alarm
- 11 – 15 alarms - \$50.00 each alarm
- 16 or more alarms - \$100.00 each alarm

-> I further agree and understand that failure to pay said charges will result in a fine in addition to charges assessed.

-> I certify that I have reviewed and understand the requirements of the Township Ordinance #356 and further certify the equipment I have installed complies with the standards set forth in the ordinance.

-> I further understand and agree that the Township does not accept any liability to maintain any equipment, or to answer any alarm or occurrence in connection therewith.

-> I certify that all information furnished herein is true and correct to the best of my knowledge or belief.

Signed _____ Date _____

Witness _____ Date _____



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EMERGENCY INFORMATION

Name of Business _____

Address of Business _____

City: Warminster State PA Zip 18974

Phone number on premises _____

Business e-mail address _____

Name of owner of business _____

(If different from above)

Mailing Address _____

City: _____ State _____ Zip _____

EMERGENCY CONTACTS (Different than above)

1. Name _____

Address _____

City: _____ State _____ Zip _____

Phone number _____

2. Name _____

Address _____

City: _____ State _____ Zip _____

Phone number _____

3. Name _____

Address _____

City: _____ State _____ Zip _____

Phone number _____

Please return this form to: Warminster Twp. Police Department
Attention: ALARMS
401 Gibson Avenue
Warminster, PA 18974-4199