



SKIPPACK TOWNSHIP

www.skippacktownship.org

4089 Heckler Road - P.O. Box 164

Skippack, PA 19464

PHONE : 610-454-0909 - fax: 610-454-1385

BURGLAR/FIRE ALARM REGISTRATION

Name: _____

Address: _____

Phone: _____ Email: _____

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: _____ Phone: _____

Installation Date: _____

Location of Unit: _____

Location of Control Switch: _____

Tripped Alarm Notifies: _____

Address: _____ Phone: _____

PERSON TO CONTACT IN THE EVENT OF ALARM: (This individual 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: _____