



Central Berks Regional Police Department

2147 Perkiomen Avenue, Reading, PA 19606
 610-779-1100 (Office) 610-779-7135 (Fax)

ALARM DEVICE APPLICATION

This form is to be completed by the applicant or security service company installing the Alarm Device.

Applicant Name:		Applicant Phone #:
Applicant Address:		
Applicant Email:		
Business Name:		Business Phone #:
Business Address:		
Location at which the Alarm Device will be installed and operated:		
Type of Alarm: <input type="checkbox"/> Intrusion <input type="checkbox"/> Fire <input type="checkbox"/> Panic <input type="checkbox"/> Medical <input type="checkbox"/> Other		

Persons with keys and/or alarm code who are authorized to enter the alarmed location:

Name:	Name:
Address:	Address:
City:	City:
Phone #:	Phone #:

Alarm Company contact information:

<input type="checkbox"/> Monitored <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Serviced	
Name:	Phone #:
Address:	

"I (We) the undersigned applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state that neither I (We), nor anyone claiming by, through or under me (us), shall make any claim against the Municipality (Township of Lower Alsace or Borough of Mount Penn) or the Central Berks Regional Police for any damage caused to the premises at which the alarm device, which is subject of this application, is or will be located, if such damage is caused by forced entry to said premises by employees of the Central Berks Regional Police Department in order to answer an alarm from said Alarm Device at 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."

Applicant's Signature

Date

Applicant's Printed Name

PLEASE REMEMBER TO ENCLOSE YOUR \$20 APPLICATION FEE PAYABLE TO CBRPD