



Fee: \$50.00

BOROUGH OF WEST READING CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611
(610) 374-8273 Fax: (610) 816-7565
E-mail: wrcodes@westreadingborough.org

ALARM DEVICE PERMIT APPLICATION

Owner _____ Phone # _____

Owner Address _____

Business Name _____ Phone # _____

Business Address _____

Location at which the Alarm Device will be installed _____

Persons who are authorized to enter premises where alarm is located but do not reside at the location of the Alarm Device (at least two):

Name _____ **Phone #** _____

Address _____

Name _____ **Phone #** _____

Address _____

Name _____ **Phone #** _____

Address _____

Complete description of Alarm Device (i.e. censored doors, windows; motion detectors; keypad location):

If Alarm Device is leased, rented or serviced pursuant to a service agreement by a person other than applicant, supply the following:

Leased or Rented from or Serviced by:

Name _____ Phone # _____

Address _____

The following statement must be signed by the applicant:

"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 Borough or against a public service agency for any damage caused to the premises at which the Alarm Device, which is subject of the application, is or will be located, if such damage is caused by a forced entry to said premises by employees, members or representatives of the Borough or a public safety agency in order to answer an alarm from said Alarm Device at a time when said premises is or appears to be unattended or when in the discretion of said employees, members or representative, circumstances appear to warrant a forced entry.

Further, I (we) hereby understand Borough Ordinance maintains that each property with an alarm device is permitted three (3) false alarms per calendar year, after which the Borough will issue a fine of one hundred dollars (\$100.00) for each false alarm over three (3).

Signed _____ Signed _____

Print Name _____ Print Name _____

Date _____ Date _____

Office Use Only

Date Received _____ Date Reviewed _____ Fee Paid _____

Approved _____ Denied _____ Date _____