



Moon Township Police Department

990 Beaver Grade Road
Moon Township, PA 15108
Phone: 412-262-5000 Fax: 412-269-7816

Return by: _____

APPLICATION FOR BUSINESS ALARM DEVICE PERMIT

Business Name		Bus. Phone	
Address		Alt. Phone	
		Fax	

Please list the names of two individuals who are authorized to enter the premises at any time and/or who have keys to the premises at which the alarm device is located.

Name		Home Phone	
Address		Work Phone	
		Cell Phone	

Name		Home Phone	
Address		Work Phone	
		Cell Phone	

Description of Alarm Device			
Monitored by		Is Alarm Audible?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Moon Township for any damage caused to the premises at 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 Moon Township 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 Township employees, circumstances appear to warrant a forced entry.

I hereby agree that, periodically and upon 5 days written notice, representatives of the Moon Township Police Department or Moon Township Volunteer Fire Company, Inc. shall be allowed to enter my (our) premises between the hours of 10 a.m. and 5 p.m. on weekdays for the purpose of inspecting my (our) alarm device installation in order to determine whether or not it is in accordance with the operational standards set forth in the Alarm Ordinance of Moon Township, Chapter 13.

Signature

Date

Send this form and a \$50 check made payable to Township of Moon to:
Moon Township Police Department
Attn: Alarms
990 Beaver Grade Road,
Moon Township, PA 15108

For Official Use Only

App sent		Fee paid	
Permit No.		Approved by	