

Exeter Township
Application for Alarm Device Permit

Permit Number

4975 DeMoss Road, Reading, PA 19606
 Phone 610-779-1490 Fax 610-779-2918

Application Date	Residence <input type="checkbox"/> Business <input type="checkbox"/>
Name or Business Name	Phone
Address	Cell Phone
	Alt. Phone
Email/Website	

Emergency Contacts

If the Alarm Device is at a residence, list the name, address, and telephone number of at least one individual, other than the resident, who has keys to the premises and is authorized to enter the premises at any time.

If the Alarm Device is at a business, list the names, addresses, and telephone numbers of at least two individuals who have keys to the premises at which the Alarm Device is located and who are authorized to enter the premises at any time.

1. Name _____ Phone _____
 Home Address _____ Cell Phone _____
 Business Address _____ Alt. Phone _____

2. Name _____ Phone _____
 Home Address _____ Cell Phone _____
 Business Address _____ Alt. Phone _____

Alarm Device Information

Date Installed _____
 Alarm Company Name _____
 Address _____ Phone _____
 Type of Alarm System Burglar ____ Fire ____ Combination ____

False Alarm Charges per Calendar Year

Residential Police Alarm: First and second false alarms, no charge; third and subsequent, Fifty Dollars (\$50.00) each.
 Residential Fire Alarm: First false alarm, no charge; second false alarm, Fifty Dollars (\$50.00); third and subsequent, One Hundred Dollars (\$100.00) each.
 Non-Residential Police Alarm: First and second false alarm, no charge; third and subsequent, One Hundred Dollars (\$100.00) each.
 Non-Residential Fire Alarm: First and second false alarm, no charge; third and subsequent, Two Hundred Dollars (\$200.00) each.
 No fees shall be charged during a seven-day testing period for new alarms. See Exeter Township Ordinance No. 546 for additional information.

Please remember to enclose your application fee: Resident—\$25.00; Business—\$50.00

To be completed by Applicant

To be completed by Alarm Administrator

 Signature of Applicant

 Date of Approval

 Signature of Alarm Company Official
 (optional)

 Authorized Signature

Appendix A:

INSTALLER FALSE ALARM PREVENTION PROGRAM CHECKLIST

Yes	No	
___	___	I confirmed that the control panel has been programmed so that:
___	___	It will not transmit more than ___ alarm signals from the same zone until manually restored at the premises. (Recommend no more than two.)
___	___	It will delay at least fifteen seconds before initiating dialing on intrusion alarm signals.
___	___	It has adequate delay time on entry/exit doors (delay of 45 seconds or more is recommended).
___	___	A cancel code can be entered by the customer to cancel accidental alarms.
___	___	I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.
___	___	I verified that the keypad(s) emit sufficient sound to inform occupants when an entry/exit door sensor has been triggered.
___	___	I installed and tested standby/backup power.
___	___	I reviewed the "Customer False Alarm Prevention Checklist" with the customer.
___	___	I determined whether the customer had special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialing and monitoring center verification.
___	___	I made sure the control panel was properly grounded.
___	___	I made sure that all door and window contacts were properly selected, installed and tested. I considered loose fitting doors and windows, whether wide gap contacts were needed, and steel doors and windows. I followed the manufacturer's installation instructions.
___	___	I made sure all glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, on site noises and the general environment. I followed the manufacturer's installation instructions.
___	___	All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight, other heat sources, and harsh environments. I followed the manufacturer's installation instructions.

Comments: _____

ALARM COMPANY

INSTALLATION TECHNICIAN

Print Name

Signature

Date

Appendix B:

CUSTOMER FALSE ALARM PREVENTION CHECKLIST

Yes	No	
___	___	I have been trained in the proper operation of the system.
___	___	I have been given a summary operating sheet.
___	___	I have been given the security system operating manual.
___	___	I know how to cancel an accidental alarm activation.
___	___	I have the cancellation code.
___	___	I know how to turn off motion detectors while leaving other sensors on.
___	___	I know how to test the system, including the communication link with the monitoring center.
___	___	I understand the length of the delay time on designated entry/exit doors and I believe this will provide sufficient time to get in and out of the premises.
___	___	I have the alarm company phone number to request repair service or to ask questions about the alarm system.
___	___	I have been offered the option of a training/no dispatch period.
___	___	I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system if I acquire any additional indoor pets.
___	___	I know where the main control panel and transformer are located.
___	___	I have received an alarm sheet which describes how the alarm company will communicate with me in the event of various alarm signals.
___	___	I understand the importance of keeping my emergency contact information updated and I know how to do this.
___	___	I understand the importance of immediately advising the alarm company if my phone number changes (including area code changes).
___	___	I understand the importance of any other changes to my telephone service such as call waiting or a fax line.
___	___	I have been made aware of the alarm ordinance, if any, that governs the operation of system and I will comply with applicable requirements (permits, fees, etc.)
___	___	I will advise the alarm company if I do any remodeling (such as extensive painting, moving walls, doors or windows)
___	___	I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.
___	___	The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.
___	___	I understand it is my responsibility to prevent false alarms and I understand it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people) are trained on the proper use of the system.

Comments: _____

ALARM COMPANY

CUSTOMER

Print Name

Signature