

**APPLICATION FOR SECURITY ALARM SYSTEM**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Installer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address where alarm is to be installed: B \_\_\_\_\_ U \_\_\_\_\_

Date of installation: \_\_\_\_\_ Cost of installation: \_\_\_\_\_

Make of system: \_\_\_\_\_

**Note:** Per Ordinance No. 106: Such owner, lessee or user of system shall pay Limerick Township thirty-five dollars (\$35) for each false alarm resulting in a police or fire response originating from the owner's premises. This sum shall be a civil claim by Limerick Township, and does not affect the penalty provisions prescribed by Section 17.

I, the undersigned, understand, and agree to be responsible for the above false alarm fee.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Official

Fee: \$25.00 Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_