

OHIO TOWNSHIP ALARM SYSTEM USER'S PERMIT

Year

Name of Business or Owner: _____.

Address: _____.

Phone - Home: _____ Cell: _____.

Work: _____.

Tenant if Other Than Owner: _____.

Alarm Supplier: _____.

Individual / Company Responsible for Alarm Maintenance: _____.

Date of Application: _____ Permit Expiration Date: 12-31-_____

I (we) the undersigned registrant(s) for an alarm device, intending to be legally bound hereby, agree with Ohio Township that neither I (we), nor anyone claiming by, through or under me (us), shall make any claim against Ohio Township, its officials or agents, for any damages 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 volunteer firemen or the Police Department in order to answer an alarm from said premises are or appear to be unattended or when in the discretion of said firemen or policemen the circumstances appear to warrant a forced entry.

Signature of Applicant: _____.

Approved: _____.

Joseph Hanny
Chief of Police - Ohio Township

**** Note: A permit fee of \$15.00 must accompany this application made out to Ohio Township****

Please return to : Chief of Police
126 Lenzner Court
Sewickley, PA 15143