

APPLICATION FOR ALARM PERMIT

BOROUGH OF WEST MIFFLIN
1020 LEBANON ROAD, WEST MIFFLIN PA. 15122

ALR NO. _____

I (We) hereby make application for an alarm permit. Execution of this application constitutes an agreement to hold the Borough harmless for any damage or breakage caused by the Borough while making a forced entry to answer an APD Alarm, whether false or an authentic alarm, as provided by Chapter 70 of the Borough Code.

PROPERTY ADDRESS:

Owner(s) First Name: Mr. Ms. Mrs.	Last Name: 	Home Phone:
		Business Phone:
		Cell Phone:

Owner(s) Street Address, City, State & Zip:

Alarm Contractor, Street Address, City, State & Zip

Phone:

Alarm Manufacturer (name only required):

Alarm Service Company, Street Address, City, State & Zip:

Phone:

LOCAL EMERGENCY CONTACT PERSON

Home Phone:

Business Phone:

Cell Phone:

Residential Use: YES
NO

Type of Alarm: FIRE
TAPE DIALER INTRUSION
OTHER

Alarm Activation Date:

Please circle one:

Residential - \$30

Nonresidential Permit - \$60 per type of alarm

FEES: (make all checks payable to "West Mifflin Borough")

Total Paid:

**Check No. & Bank Name or
Cash Receipt No.:**

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Owner(s) of the above-described alarm system (or) if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation and duly authorized to complete and make this application for an Alarm Permit and this affidavit on behalf of such firm or corporation, that all of the statements contained above are true and correct. Sworn to and subscribed before me this _____ day of _____, 20 .

NOTARY

OWNER'S SIGNATURE