

**----- PLEASE READ -----**

**PLEASE COMPLETE AND RETURN  
BOTH THE ALARM PERMIT  
APPLICATION AND THE  
EMERGENCY NOTIFICATION FORM  
AS SOON AS POSSIBLE.**

**INCLUDE A CHECK OR MONEY ORDER  
IN THE AMOUNT OF \$75.00 FOR THE  
PERMIT FEE. MAKE THE CHECK  
PAYABLE TO UPPER MERION  
TOWNSHIP.**

**THESE FORMS ARE CRITICAL IN THE  
EVENT OF A POLICE RESPONSE TO  
YOUR LOCATION.**



# UPPER MERION TOWNSHIP POLICE DEPARTMENT

175 WEST VALLEY FORGE ROAD  
KING OF PRUSSIA, PA 19406  
Business: 610-265-3232

To Whom It May Concern:

Chapter 63 of the Alarm Devices Code of Upper Merion Township requires a valid permit be issued before an automatic protection device is installed. The code also requires the registration or re-registration of an alarm either by a new owner / tenant or by a business in the event of a change in trade name. Failure to obtain a permit constitutes a violation of Section 63-6 of Chapter 63 and could subject the offender to a fine of not more than \$300.00 plus the costs of prosecution.

In accordance with state law, a person who owns, uses or possesses an alarm device or automatic protection device is responsible for the maintenance of that system. **A fine will be issued if a fourth or subsequent false alarm activation occurs within the current calendar year (January 1<sup>st</sup> through December 31<sup>st</sup>).** On January 1<sup>st</sup> of each New Year all alarm subscriber records of activation will be reset to zero. The schedule of fines is as follows:

| Offense                             | Fire              | All Other |
|-------------------------------------|-------------------|-----------|
| 1 <sup>st</sup> Alarm               | -----Warning----- | -----     |
| 2 <sup>nd</sup> Alarm               | -----Warning----- | -----     |
| 3 <sup>rd</sup> Alarm               | -----Warning----- | -----     |
| 4 <sup>th</sup> Alarm               | \$100             | \$100     |
| 5 <sup>th</sup> Alarm               | \$200             | \$100     |
| 6 <sup>th</sup> & Subsequent Alarms | \$300             | \$100     |

Enclosed is a permit application for your convenience. Please complete and return this application along with a check or money order made payable to Upper Merion Township in the amount of **\$75.00**.

Please supply EMERGENCY NUMBERS (form enclosed) to enable the Police Department to contact your representative if your alarm is activated when no one is at the location. Emergency Numbers and the exact location of your business are vital to a prompt and effective response to your alarm. If your alarm system is no longer in use, return the enclosed application with a notation that the system is not in service.

Thank you for your cooperation. If you have any questions concerning the alarm ordinance or Upper Merion Township Police alarm response procedures please contact me at phone number 610-265-3232.

Very truly yours,

Chris Bird  
Lieutenant, Auxiliary Services



*What people do for themselves dies with them; what people do for their community lives on . . .*





# UPPER MERION TOWNSHIP POLICE DEPARTMENT

175 WEST VALLEY FORGE ROAD  
KING OF PRUSSIA, PA 19406-1802  
Business: 610-265-3232

THOMAS M. NOLAN  
CHIEF OF POLICE

## BUSINESS EMERGENCY NOTIFICATION FORM

TO WHOM IT MAY CONCERN:

**Please supply a list of individuals to contact in the event POLICE must respond when no one is at location.** List a sufficient number of people so that at least one will always be available. This list should be updated on a Semi-Annual basis or whenever a change occurs. If your business moves to another location, please notify the Police Department.

DATE: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

HAZARDOUS MATERIAL ON SITE (Y/N) \_\_\_\_\_ TYPE \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE # \_\_\_\_\_

INSIDE LINE (If a Recorded Message is used): \_\_\_\_\_ FAX # \_\_\_\_\_

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY OWNER / MANAGEMENT CO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

List the **INDIVIDUALS** and their **PHONE NUMBERS** in the order they are to be contacted. Include the area codes for all numbers. (For additional contacts use other side)

|    | <u>NAME</u> | <u>CELL #</u> | <u>HOME #</u> |
|----|-------------|---------------|---------------|
| 1. |             |               |               |
| 2. |             |               |               |
| 3. |             |               |               |
| 4. |             |               |               |

Chapter 63 (Alarm Devices) of the Code of Upper Merion Township requires permits for all alarm devices and authorizes fines for false activation's. Contact the Upper Merion Police Records Division with any questions concerning this requirement at 610-265-0383. The completed form may be mailed to the above address, faxed over to 610-265-2711, or emailed to [fdsouza@umtownship.org](mailto:fdsouza@umtownship.org).



# UPPER MERION TOWNSHIP POLICE DEPARTMENT

175 WEST VALLEY FORGE ROAD  
KING OF PRUSSIA, PA 19406-1802  
Business: 610-265-3232

THOMAS M. NOLAN  
CHIEF OF POLICE

## CODE OF UPPER MERION TOWNSHIP CHAPTER 63 AUTOMATIC PROTECTION DEVICE PERMIT

**BUSINESS PERMIT FEE: \$75.00**

DATE: \_\_\_\_\_

I hereby make application for an automatic protection device permit for premises:

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF BUILDING: Residential \_\_\_\_\_ Industrial \_\_\_\_\_ Commercial \_\_\_\_\_

TYPE OF DEVICE: Hold-Up \_\_\_\_\_ Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Medical \_\_\_\_\_

DATE OF ALARM INSTALLATION: \_\_\_\_\_

INSTALLER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MONITORING COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

-----DO NOT WRITE BELOW THIS LINE-----

The foregoing application for a permit is approved and the fee has been paid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Number

\_\_\_\_\_  
Fenella Dsouza, Police Records Division