

----- 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 \$100.00 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 19406-1802
Business: 610-265-3232

THOMAS M. NOLAN
CHIEF OF POLICE

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 1st through December 31st).** On January 1st 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 st Alarm	-----Warning-----	
2 nd Alarm	-----Warning-----	
3 rd Alarm	-----Warning-----	
4 th Alarm	\$100	\$100
5 th Alarm	\$200	\$100
6 th & 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 **\$100.00**.

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 the Police Records Department at (610) 265-0383.

Very truly yours,

Blaine Leis
Lieutenant, Auxiliary Services



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THOMAS M. NOLAN
CHIEF OF POLICE

CODE OF UPPER MERION TOWNSHIP CHAPTER 63 AUTOMATIC PROTECTION DEVICE PERMIT

BUSINESS PERMIT FEE: \$100.00

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 fee has been paid.

Date

Permit Number

Fenella Dsouza, Police Records Division



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THOMAS M. NOLAN
CHIEF OF POLICE

BUSINESS EMERGENCY NOTIFICATION FORM – KING OF PRUSSIA MALL

ATTN: STORE MANAGER / OWNER

Please complete and return this form to the Police Department as soon as possible. This form is critical in the event of a Police response to your location. 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: _____

BUSINESS NAME: _____ SPACE OR KIOSK #: _____

ADDRESS: _____ PHONE #: _____

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

BUSINESS EMAIL ADDRESS: _____

WEBSITE: _____

BILLING ADDRESS: _____

ALARM COMPANY: _____ PHONE: _____

LOCATION OF STORE: Check appropriate box - Lower Level Upper Level
(Please list the names of the stores on either side of your store or kiosk, in order to expedite Police response): _____

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>TITLE</u>	<u>CELL #</u>	<u>HOME #</u>
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- 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 or faxed over to 610-265-2711 or emailed to fdsouza@umtownship.org