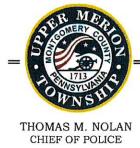
### ---- PLEASE READ ----

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

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 <sup>st</sup> Alarm	Warning		
2 <sup>nd</sup> Alarm	Warning		
3 <sup>rd</sup> Alarm	Warning		
4th Alarm	\$100	\$100	
5th Alarm	\$200	\$100	
6th & 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

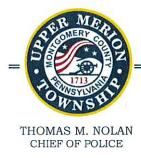


# UPPER MERION TOWNSHIP POLICE DEPARTMENT

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

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

BUSINESS PERM	IT FEE: \$100.00		DATE:	
I hereby make app	lication for an auto	matic prot	ection device pe	rmit for premises:
BUSINESS NAME:				
ADDRESS:	·			
PHONE:				
TYPE OF BUILDIN	G: Residential	Inc	dustrial	Commercial
TYPE OF DEVICE:	Hold-Up	Burglar_	Fire	Medical
DATE OF ALARM	NSTALLATION: _			
INSTALLER'S NAM	1E:	PHONE:		
MONITORING CO	MPANY:		PH	ONE:
ADDRESS:				
Applicant's Name (I	Printed)		Applicant'	s Signature
	DO NOT V	WRITE BE	LOW THIS LINE	
The foregoing appli				
Date i	Permit Number	- i	Fenella Dsouza,	Police Records Division



## UPPER MERION TOWNSHIP POLICE DEPARTMENT

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

#### BUSINESS EMERGENCY NOTIFICATION FORM - KING OF PRUSSIA MALL

#### ATTN: STORE MANAGER / OWNER

Please complete and return this form to the Police Department <u>as soon as possible</u>. 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 - Lowe (Please list the names of the stores on either side of your store):	re or kiosk, in order to expedite			
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)  NAME  TITLE  CELL#  HOME#				
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