

LIMERICK TOWNSHIP POLICE DEPARTMENT

646 WEST RIDGE PIKE, LIMERICK, PENNSYLVANIA 19468

R BRIAN SKELTON
CHIEF OF POLICE

610-495-7909: Office
610-495-5702: Fax
9-1-1: Emergency



REGISTRATION OF ALARM SYSTEMS

Residential _____ Non-Residential _____

Police _____ Fire _____ Medical _____

Owner:

Address:

Phone Number:

Installer:

Address:

Phone Number:

Address where alarm is to be installed: _____

Date of Installation: _____

NOTE: VIOLATIONS AND PENALTIES SHALL BE IN ACCORDANCE WITH THE APPLICABLE PREVISIONS OF THE SECOND CLASS TOWNSHIP CODE.

I, the undersigned, understand, and agree to be responsible for the above false alarm fee.

Signature of Applicant

Print Name

Approval: _____ **Date:** _____

Fee: \$30.00

Check:# _____

Cash _____

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LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM DATE: _____

Establishment Contact Information

Name of Establishment			
Type of Establishment	<input type="checkbox"/> Retail <input type="checkbox"/> Educational <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____		
Street Number / Name			
Suite / Tenant Number			
Town / Zip Code			
Phone #		Fax #	
Email			

24 – Hour Emergency Contact Information (Primary)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

24 – Hour Emergency Contact Information (Alternate)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

Alarm Company Information (If Applicable)

Name of Company		Phone #	
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Property Management Information (If Applicable)

Name of Company		Phone #	
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Knox Box Information (If Applicable)

Knox Box	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Location:	
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