



Trent Geis
Chairman

Allan Osterwise
Vice Chairman

Jay Grinnell
Supervisor

Alarm Permit Application **Permit fee is \$20.00 a year**

Name of Applicant: _____

Address: _____
_____ PA _____

Phone: _____

Is this alarm located at the same location as above? Yes ☐ NO ☐

If different, please give address of actual alarm location:

_____ PA _____

Alarm Service Name: _____

Alarm Service Phone: _____

Emergency Contacts: Name _____ phone () _____

Name _____ phone () _____

Any other information on your alarm system or location you wish to provide.

Specific directions, specific hazards (dogs), etc: _____

General Requirements:

All alarm systems shall have a battery back-up or alternative power source in case of power failure.

All alarms shall have an automatic reset or shut off of any audible alarm after (20) minutes from activation.

Applicants are permitted three false alarms over the term of this permit before penalties are assessed.

This permit can be revoked for providing false information or applicant fails to comply with the conditions of this ordinance.

This permit can be revoked if more than five (5) false alarms are received within a one (1) year period.

Please sign and return this copy with a check made Payable to Jackson Twp. Alarm Account, 140 Magill Road, Zelienople, PA 16063

applicant's signature

date