



# PLYMOUTH TOWNSHIP POLICE DEPARTMENT

700 Belvoir Road • Plymouth Meeting, PA 19462  
Phone: (610) 279-1901 • Police Fax: (610) 279-1091 • Records Fax: (610) 279-9973

John C. Myrsiades  
*Chief of Police*

Jeffrey S. O'Brien  
*Administrative Lieutenant*

Lt. Douglas Copestick  
Lt. Brian Wagner

## ALARM PERMIT APPLICATION

Permit Fee: \$5.00

Date: \_\_\_\_\_

I hereby make application for a permit to install an automatic protection device on premises:

(Please print or type clearly)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Location of Property: \_\_\_\_\_

3. Type of Device:            HOLD-UP            BURGLAR            FIRE            OTHER

4. Type of Building:        RESIDENTIAL        INDUSTRIAL        COMMERCIAL

5. When will work be started: \_\_\_\_\_ Completed: \_\_\_\_\_

6. Alarm Company Name: \_\_\_\_\_

7. Alarm Company Phone: \_\_\_\_\_

The applicant understands false activations of an alarm are subject to fines as specified in the Alarm Ordinance No 1402 Plymouth Township.

I hereby swear or affirm that the above statements are true and that all work will be done as described and will comply with all provisions of the Plymouth Township Emergency Alarm Ordinance. I certify that a copy of the Ordinance has been received upon the filing of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Company Applicant Representative  
(If other than property owner)

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

\_\_\_\_\_  
Police Department Representative

\_\_\_\_\_  
Date