



Township of Upper Pottsgrove

MONTGOMERY COUNTY, PENNSYLVANIA

1409 Farmington Avenue Pottstown, PA 19464
Phone: 610-323-8675 Fax: 610-327-1967

ALARMED LOCATION REGISTRATION FORM

ANY LOCATION WITH AN ALARM SYSTEM SHALL HAVE ITS STREET NUMBER CLEARLY POSTED SO THAT THE SAME WILL BE VISIBLE AT NIGHT FROM THE STREET.

FOR OFFICE USE ONLY
ACCOUNT # _____

County: **Montgomery** Municipality: **Upper Pottsgrove Township** Tax Parcel # **60-00-**_____
(Call the Township if you need assistance with the Parcel #.)

Registrant Name: _____ **Address:** _____ **Phone #** _____

Location Address: _____ **E-Mail:** _____

Owner's Name: _____ **Phone #** _____ **Fax #** _____

Mailing Address: _____ **E-Mail:** _____

Emergency Contact ~ At least one contact must be able to respond within 30 minutes of an emergency and have the authority and ability to enter the premises.

Contact #1 Relationship to Registrant: _____

#1 Name: _____ **Address:** _____ **Phone 1** _____

Phone 2: _____ **E-Mail:** _____

Contact #2 Relationship to Registrant: _____

#2 Name: _____ **Address:** _____ **Phone #** _____

Phone 2: _____ **E-Mail:** _____

Monitored By:

_____ **Phone #** _____

Use/Purpose of Alarm System:

I, _____, acknowledge that in the event of an alarm, Emergency Services may forcibly enter the premises if warranted, as determined by the officer-in-charge, and that there shall be no liability for damages or injuries resulting from the response to the alarm, forcible entry, and search of the premises.

Attachment: Ordinance No. 484