

Heidelberg Township

York County, Pennsylvania

REGISTRATION OF ALARM SYSTEM

Date: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Please fill out the following information if the User and Address are different from the Applicant

User Name: _____

User/Site Address: _____

User Phone: _____ User Email: _____

Installer Information

Installer Name: _____

Installer Address: _____

Installer Phone: _____ Installer Email: _____

Location of Alarm Panel: _____

Please list the name, address and phone number of an emergency contact who has keys to the premises where the alarm system is located and who is authorized to enter the premises at any time but does not live at the premises where the alarm system is located.

Name: _____

Address: _____

Phone Number: _____

The Township Secretary shall furnish copies of this registration form to the Fire Chief and Police Chief.