



West Caln Township Police

721 W. Kings Highway
PO Box 175
Wagontown, PA 19376
Office 610.384.3115
Radio 610.383.7000
Fax 610.384.6235

ALARM DEVICE NOTIFICATION

DATE: _____ FILING FEE PAID: _____

PROPERTY OWNER NAME: _____

OWNER MAILING ADDRESS: _____

OWNER PHONE NUMBER: _____

OCCUPANT OF HOME (IF DIFFERENT): _____

OCCUPANT PHONE NUMBER (IF DIFFERENT): _____

PHYSICAL ADDRESS WHERE ALARM IS LOCATED: _____

NAME, ADDRESS & PHONE NUMBER OF TWO AUTHORIZED PERSONS:

_____	_____
_____	_____
_____	_____

GENERAL DESCRIPTION OF ALARM DEVICE/SYSTEM:

West Caln Township, its officials, or its agents is not to be held liable for any damage to the premises at which the alarm is located if the damage is caused by a forced entry to the premises by employees of West Caln Township in order to answer an alarm from the alarm device at a time when in the discretion of such employees the circumstances appear to warrant forced entry.

I have read and agree to the above statement.

SIGNATURE: _____ DATE: _____