

**The Borough of Downingtown
Office of Code Enforcement**

Alarm System User:		Emergency Information	
Address of Alarm:		Type of Alarm: <input type="checkbox"/> Burglar <input type="checkbox"/> Fire <input type="checkbox"/> Medical	
Owner:		Address:	
City:		State/Zip:	
Daytime Phone:		Evening Phone:	
Fax and/or Pager #:			
Names & Phone Numbers of 2 individuals to call in case of an emergency:			
1. (Name) (Phone)			
2. (Name) (Phone)			
Is Alarm: <input type="checkbox"/> Answered by Central Station		<input type="checkbox"/> Audible Alarm	
<input type="checkbox"/> Automatic Dialing Device			
Type of Alarm/Building: <input type="checkbox"/> Commercial		<input type="checkbox"/> Panic Alarm <input type="checkbox"/> Hold-Up Alarm	
<input type="checkbox"/> Industrial		<input type="checkbox"/> Residential	
<p>The undersigned understands that false activations of any alarm are subject to fines as specified in Chapter 94 of the Borough Code, furthermore, the undersigned authorizes the Borough of Downingtown to permit the appropriate officers to enter upon the premises at such reasonable notice, to inspect the installation and operation of the automatic protection device.</p>			
<p>I hereby swear and/or affirm that the above statements are true and that the system will be maintained as described within the guidelines of the regulatory codes.</p>			
Signed:		Date:	