

## ALARM PERMIT APPLICATION

### Instructions

1. Permit to be either type written or printed.
2. All applicable blanks must be filled in prior to submitting application.
3. Application to be turned into the Township Secretary along with the application fee.
4. Permits will be issued after application is reviewed by the Police Chief and Fire Chief, provided there are no problems with the application.
5. PERMIT FEES – Checks/money orders should be made payable to  
**“Vernon Township”**  
Residential Permit: \$ 5.00  
Business Permit: \$10.00

### Permit Regulations

1. All Alarms must have a permit, whether they are for a residence or a business; and whether they are a fire, burglar or robbery alarm.
2. Each permit holder is permitted four (4) false alarms per calendar year; after which the permit holder will be assessed a penalty of \$25.00 per occurrence.
3. Three keyholders must be listed. **AT LEAST ONE KEYHOLDER MUST RESPOND TO EVERY ALARM.**
4. All tests to the system must be announced prior to the test, either by calling into the alarm company or Crawford County Emergency Control if the system is hooked up directly.
5. At no time is the Panic/Robbery alarm to be sounded for anything other than an actual emergency.
6. In the event of an accidental false alarm, immediately call and cancel the responding agencies.
7. This summary is not a complete copy of the ordinance. A complete copy of Ordinance 1991-03, “Alarm Permits Required” may be obtained at the Township Office.

## WAIVER OF DAMAGE CLAIMS

"I (We), the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby, agree with the Township of Vernon, that neither I (We) or anyone claiming by, through or under me (us), shall make any claim against the Township of Vernon, its officials or agents, for any damages caused to the premises at which the alarm device, which is the subject of this application, is or will be located, if such damages caused by a forced entry of said premises by employees of Vernon Township in order to answer an alarm from said alarm device at a time when said premises are or appear to be unattended, or when, in the discretion of said employees, circumstances appear to warrant the forced entry.

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

\_\_\_\_\_  
Date

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

**ALARM PERMIT APPLICATION  
Vernon Township**

Permit # _____
Date Issued _____

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Applicant's Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Exact Location of Alarmed Property \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three (3) Keyholders and their telephone numbers:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**SYSTEM INFORMATION**

Name of System Company \_\_\_\_\_

Company Address \_\_\_\_\_

Company Contact Number \_\_\_\_\_

Type of System: \_\_\_\_\_ Fire \_\_\_\_\_ Burglar \_\_\_\_\_ Medical \_\_\_\_\_ Robbery

System Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
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<i>Township Use Only</i>		
FEE: ___ Yes ___ No	Received: _____	
Approved: _____	Date: _____	(Police Dept.)
Approved: _____	Date: _____	(Fire Dept.)