

REGISTRATION FORM
Kennett Township Automatic Alarm Systems

I/WE understand that Kennett Township Ordinance No. 96 mandates that all persons owning or operating security devices shall register their security alarm systems with the Township and agree that fines may have to be paid as prescribed by said Ordinance for false or unexplained alarms for the system described and registered herein. A copy of Ordinance No. 96 is available.

Date _____ Alarm Registration No _____
(Assigned by Township)

Name _____

Address _____

Exact Location of Property _____

Home Phone _____ At Work _____ Other _____

Type of Alarm System ___ Fire/Smoke ___ Security/Entry ___ Medical
___ Other _____

Date Installed _____ Installed By _____

(Address)

Output:

___ Audible to neighbors by ___ Horn ___ Siren ___ Bell ___ Other
(Must stop automatically within 15 minutes)

Automatic Signal to:

___ Private Security Company _____

Name Phone Number

___ Answering Service _____

Name Phone Number

___ County Fire Board _____

Name Phone Number

___ Other _____

Name Phone Number

Date of System Testing _____ By _____

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Person to contact if no one at premises when emergency unit arrives:

Name _____ Phone No. _____

Suggested Tape Dialer Message:

This is _____ at _____
(Name) (Address)

in Kennett Township. I am reporting a fire/entry/medical emergency. I am located at (Give brief directions using well known streets or landmarks). (Repeat above message) Optional: Give name and phone number of friend or neighbor who can assist in directing emergency services. Add any other specific information you think is important

By registering the installation of an alarm system or the subsequent installation of such a system or by the continued use of an alarm system already installed at the effective date of this Ordinance, the owner, lessee, or user thereof shall agree and does agree that such registration or use constitutes a waiver by such person of the right to bring or file any action, claim or complaint whatsoever against any police officer, fireman or other authorized emergency service provider who, using their reasonable and best judgment, makes forced entry in response to such alarm into the premises on which such alarm is installed. If forced entry is required the emergency service provider will make a reasonable attempt to notify the owners or contact the police services to secure the property.

I/WE ___ AGREE ___ DO NOT AGREE that Kennett Township may provide registration information to the Fire Company, State Police and if necessary, other emergency services.

SIGNED _____

(Please return this completed form to Kennett Township, 801 Burrows Run Road, Chadds Ford, PA 19317)

Revised 11/03
cf: autoalarm

