

Charlestown Township

Office of Emergency Management

Automatic Protection Device Registration

Registration number _____

Date _____ / _____ / _____

Property address _____

Contact person _____

Telephone number(s) (____) _____

Property owner _____

Mailing address _____

City, state zip _____

Telephone number (____) _____

Tenant name _____

Mailing address _____

City, state zip _____

Telephone number (____) _____

Date alarm armed _____ / _____ / _____

Alarm company _____

Telephone number (____) _____

Monitoring company _____

Alarm type - Fire • Carbon Monoxide • Intrusion

Office Use Only

Date received _____ / _____ / _____ Registration number _____

Reg fee paid \$ _____

File • FM copy

Charlestown Township

Office of Emergency Management

Automatic Protection Device Registration information:

Authority: Charlestown Township Ordinance 100 of 2002, Section 6(d): "The owners of all buildings and structures connected to an automatic protection device sounding or sending an alarm of any kind shall register said device with the Township on a form provided by the Fire Marshal"
and
Charlestown Township Resolution: 590-02, Section I: "Any automatic protection device as defined by Section 6(d) of the ordinance \$50.00".

Required information:

| | |
|----------------------|---|
| Date- | Date this form is completed |
| Property address- | A address of the property protected |
| Contact person- | Name of an emergency contact person for the property |
| Telephone number(s)- | Telephone numbers for the emergency contact person |
| Property owner- | Name of the property owner |
| Mailing address- | Mailing address of the property owner |
| City, state zip- | City, state and zip code of the property owner |
| Telephone number- | Telephone number of the property owner |
| Tenant name- | Name of the tenant |
| Mailing Address- | Mailing address of the tenant |
| City, state zip- | City, state and zip code of the tenant |
| Telephone number- | Telephone number of the tenant |
| Date alarm armed- | Date the alarm was armed |
| Alarm company- | Name of the alarm company |
| Telephone number- | Telephone number of the alarm company |
| Monitoring company- | Monitoring company if different from the alarm company |
| Alarm type- | Type of alarm - if both fire and intrusion, please check both boxes |

Submit this form along with the registration fee to:

Charlestown Township
PO Box 507
Devault, PA 19432-0507