



Charlestown Township

Office of Emergency Management

11 General Warren Blvd., Suite 1, Malvern, PA 19355

(610) 240-0326

admin2@charlestown.pa.us

Automatic Protection Device Registration

Date _____

Registration No: _____

Property

Address: _____ City: _____ State: ____ Zip: _____

Contact _____ Phone: _____ Cell: _____

Contact Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Owner

Name _____ Phone: _____ Cell: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Tenant

Name _____ Phone: _____ Cell: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Alarm

Company _____ Phone: _____ Cell: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Monitor _____ Phone: _____ Cell: _____

Alarm Type Fire Carbon Monoxide Intrusion

Office Use Only

Date Received _____ Registration Number: _____ Fee Paid _____

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-	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
11 General Warren Blvd. Suite 1
Malvern, PA 19355