



BOROUGH OF KENHORST

339 South Kenhorst Blvd.
Kenhorst, Pennsylvania 19607
(610) 777-7327 – Office
(610) 777-8980 – Fax

www.co.berks.pa.us/muni/kenhorst

ALARM DEVICE APPLICATION/PERMIT INSTRUCTIONS (NEW INSTALLATION OR RENEWAL PERMITS)

- Please complete the appropriate application form (reverse side) in its entirety and return to Borough Hall no later than **December 1 of the current year for the upcoming year's permit** – *Drop box available if office is closed.*
- **New Alarm Device Application** - Enclose check or money order with completed Alarm Device Application/Permit; make check payable to: *Borough of Kenhorst*

Residential System:	\$15.00
Business System:	\$25.00
- **Renewal Alarm Device Application** – Enclose check or money order with completed Alarm Device Application/Permit or renewal fee may be assessed to your Borough account

Residential System:	\$ 2.00
Business System:	\$ 2.00

PLEASE NOTE:

1. Application information shall be provided to the appropriate responder agencies including: the Reading Police Department; Berks County Emergency Management Services; and the Kenhorst Volunteer Fire Department.
2. Fire Alarm permit applications must be submitted to Borough Hall and accompanied by written certification from the alarm company indicating that the alarm system has been tested and has passed during the current permit year.
3. A \$10.00 late fee will be added to the renewal permit fees if the Borough of Kenhorst does not receive the completed renewal information by December 1 of the current year for upcoming year's permit.
4. Alarm Device Permits must be renewed annually. Permits issued as of January 1 will expire on December 31 of the same year.



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ALARM DEVICE APPLICATION/PERMIT

Date: _____ Check One: Residential _____ Business _____

Resident or Business Name: _____

Alarm Address: _____
Number Street City State Zip

Premises Phone No: _____ Premises Fax No: _____

Alarm Applicant Mailing Address: _____
Number Street City State Zip

Where is the main keypad located in the building? _____

Type of Device: Burglary [] Robbery [] Police Emergency [] Fire [] Carbon Monoxide []
 Communication Type: Local Sounding Device [] Central Station [] Both []

AUTHORIZED INDIVIDUALS/KEYHOLDERS

A minimum of one (1) contact person who does NOT reside at the location must be listed for Residential alarms. A minimum of two (2) contact persons must be listed for Business/Commercial alarms.
 All contact person(s) MUST have knowledge of the alarm system.

Contact #1 Name: _____ Relationship: _____
 Address: _____
 Phone No: _____ Alternate Phone No: _____

Contact #2 Name: _____ Relationship: _____
 Address: _____
 Phone No: _____ Alternate Phone No: _____

ALARM COMPANY INFORMATION

Name of Alarm/Security Company: _____
 Address: _____
Day Night
 Phone: _____ Phone: _____
 Date of Install: _____ Is the device leased? Yes [] No [] Service Agreement? Yes [] No []
List any additional information you would like the Borough or Police Department to have regarding your system.

Alarm User Applicant Signature _____

Permit Fee Paid: \$ _____ Approved: _____
 (Kenhorst Borough Manager)