

**BOROUGH OF KUTZTOWN  
APPLICATION FOR  
RESIDENTIAL ALARM DEVICE PERMIT**

APPLICATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

APPLICANT DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-MAIL: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

LOCATION OF ALARM: \_\_\_\_\_

**AUTHORIZED INDIVIDUALS**

Note: For a Residential Alarm Device Permit to be approved, the Applicant must list at least one (1) person who does not live at the residence and who has the knowledge and ability to properly activate and deactivate the alarm.  
**\*Phone number should be their best 24/7 contact number.**

1. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

**ALARM DEVICE**

DATE INSTALLED: \_\_\_\_\_ ALARM SERVICE CO.: \_\_\_\_\_

ALARM CO. ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

DESCRIPTION OF ALARM DEVICE: \_\_\_\_\_

DEVICE IS (CHECK ALL THAT APPLY):  BURGLAR  PANIC  FIRE  HOLDUP  OTHER

ALERT TYPE (CHECK ALL THAT APPLY):  SILENT (NOTIFIES ALARM CO.)  AUDIBLE  BOTH

Permit# Assigned



## ALARM DEVICE PERMIT APPLICATION

NOTICE: Chapter 60, Section 60-5 (A) of the Code of the Borough of Kutztown, provides that in case of a NEW Alarm Device installation, a thirty (30) day testing period shall apply to allow the alarm service company and the applicant the time to adjust the system as necessary to prevent any later false alarm indications. During this thirty (30) day period, False Alarm Charges shall not be assessed.

In addition, permit holders are allowed one (1) False Alarm indication per calendar month, for which there shall be no False Alarm Charge assessed.

Any additional False Alarm indication within that calendar month will result in a False Alarm Charge being assessed as per Chapter 60, Section 60-5 (B) of the Code of the Borough of Kutztown.

Alarm Device Permits MUST BE RENEWED ANNUALLY within thirty (30) days prior to the expiration date of the Alarm Device Permit. Continued operation of an Alarm Device Permit without a currently valid Alarm Device Permit will constitute a violation of Chapter 60, Section 60-2 (A) of the Code of the Borough of Kutztown and may result in the assessment of fines and court costs exceeding \$600.00.

- |    |  |             |     |    |
|----|--|-------------|-----|----|
| 1. | Does the Alarm Device transmit a recorded message?   | (Check one) | YES | NO |
| 2. | If the above is YES, is the message clear and intelligible?  | (Check one) | YES | NO |
| 3. | Does the Alarm Device activate an audible bell, siren or other sound-making device on or near the premises?                  | (Check one) | YES | NO |
| 4. | If above is yes, does the audible bell, siren or other sound-making device deactivate after a maximum of twent (20) minutes? | (Check one) | YES | NO |

PLEASE REMEMBER TO ENCLOSE YOUR \$25.00 APPLICATION FEE TO AVOID ANY DELAY IN RECEIVING YOUR PERMIT. ANNUAL RENEWAL APPLICATIONS ARE FREE OF CHARGE IF SUBMITTED WITHIN THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE OF THE ALARM DEVICE PERMIT. **E-MAIL WILL BE PRIMARY COMMUNICATION METHOD FOR RENEWALS.**

I HERE BY CERTIFY AS THE APPLICANT THAT THE ALARM IS IN COMPLIANCE WITH BOROUGH OF KUTZTOWN CODE AND THAT ALL INFORMATION CONTAINED HERE IN IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

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Signature / Date

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(Co-owner) Signature / Date

**BOROUGH OF KUTZTOWN**  
**APPLICATION FOR**  
**RESIDENTIAL ALARM DEVICE PERMIT**  
**PERMISSION TO ENTER RESIDENCE**

I, \_\_\_\_\_, being the owner or person legally in control of the residence located at:

\_\_\_\_\_,  
hereby acknowledge that I have a Constitutional Right that prevents police officers from entering and searching my residence without a duly authorized search warrant.

I further acknowledge my right to be free from unreasonable searches and seizures and, **IN THE EVENT OF AN ALARM DEVICE ACTIVATION AT MY RESIDENCE ONLY**, I knowingly, voluntarily and intelligently give my permission to the Police Officers of the Kutztown Borough Police Department and/or any other Police Officer assisting an officer or Officers of the Kutztown Borough Police Department to enter my residence for the purpose of checking the security of the residence and the safety of its occupants.

The Police Officers who have entered my residence to check on the security of my property and the safety its occupants have my permission to search all areas of the residence for this purpose only.

I am giving the Police Officers of the Kutztown Borough Police Department written permission to enter and conduct a warrantless search of my residence voluntarily and without any threats or promises of any kind. I hereby revoke this authorization upon expiration of my Alarm Device Permit.

I also understand that if I decline to sign this **PERMISSION TO ENTER RESIDENCE** form, Police Officers **WILL NOT** perform any security checks inside of my residence in the event of an Alarm Device activation UNLESS life threatening circumstances demand that those Officers make entry.

\_\_\_\_\_  
Signature of Owner/Person Legally in Control of Residence

\_\_\_\_\_  
Printed Name of Owner/Person Legally in Control of Residence

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date