

# BOROUGH OF SPRING GROVE YORK COUNTY, PENNSYLVANIA ALARM USER REGISTRATION

1) Alarm Location:                      Address:                      Street

City                                      State                      Zip Code

Description:

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2) Alarm User:                                      Name

Address

City                                      State                      Zip Code

Phone Number

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3) Owner of Premises:                                      Name  
*(Upon which the alarm system is located,  
if different than that of the alarm user)*

Address

City                                      State                      Zip Code

Phone Number

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4) Alarm System:                      Location:

System:

Mode of Operation:

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5) Audible Alarm Cutoff:  
*(Any alarm system, that is audible off premises shall  
be equipped with an automatic cutoff to silence the  
audible alarm after ten (10) minutes.)*

Audible Period:                      minutes

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6) Alarm System Installer:                                      Name

Address

City                                      State                      Zip Code

Phone Number

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7) Certification by Installer:

*\*Certification by the installer that the system has been installed in compliance with the provisions of Ordinance No. 4-1993 shall be provided.*

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8) Alarm Signal Recipient:

Company

Address

City

State

Zip Code

Phone Number

Contact

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9) Contact Persons:

*(The name, address and telephone number of at least two individuals who have keys to the premises at which the alarm system is located and who are authorized to enter the premises at any time, but who do not reside at the premises at which the alarm system is located)*

A) Name

Address

City

State

Zip Code

Phone Number

B) Name

Address

City

State

Zip Code

Phone Number

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Signature:

Date