Marple Township Police Department Automatic Protection Device Permit

larm Location:		Date:
tion Name:(If other than Residential)		Phone:
wner :First Name	Lad Maria	Phone:
First Name	Last Name	
ldress:		Phone:
		Phone:
ty:		State:
ontact #1 Name:		Phone:
ddress:		Phone:
adress:		Phone:
uilding Type:	Alarm Types:	Annunciator:
usiness \Box	Fire \Box Hold-Up	Silent \Box Audible
stitution \Box	Burglary	Visual
esidential		
hool	Other	
arm Service Company:		Phone:
ldress:		Phone:
		Phone:
ty:		State:
		Date of Installation
		of Police, Fire Marshall, and/or their designee to enter upon the installation and operation of an Automatic Protection
	Signature of Lessee	e or Owner
we harmless the Township of Marple frownship for any violation s of the application is of the application.	om any and all damages which may result fron	tondent of Police

Superintendent of Police