



**Borough of Dormont**  
**Police Department**

1444 Hillsdale Avenue, Suite 1  
Pittsburgh, PA 15216-2019  
(412) 561-8900  
FAX (412) 561-3516



**Michael J. Bisignani**

*Chief of Police*

**Jason P. Walsh**

*Mayor*

Date:

Dear Resident/ Business Owner

If your premises are monitored by an alarm system for illegal entry, fire or medical emergencies. On August 7, 1995, the Dormont Borough Council passed Ordinance no. 1450- Regulation of Alarm Devices – which provides for the following:

- Requires that all alarm users and their respective provides register with the Borough and supply the information required on the application. There shall be a one-time fee of **\$50.00** collected with all issued permits.

Authorizes fines to be issued to any alarm holder for false alarm activations which require a response from the Dormont Police Department. These fines vary based upon the number of occurrences and may lead to the revocation of the permit for repeat offenders.

Requires that all audible alarms have mandatory cut-off switches that deactivate the alarm within five minutes. In addition, the alarm holder must supply information on people who can respond to the alarm location within fifteen minutes of the police response.

You must register your system with the Dormont Police Department. A complete copy of the ordinance shall be given to you upon request. Failure to register your alarm will result in charges being filed wit the District Justice for violation of this ordinance.

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**ALARM PERMIT APPLICATION**

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS OF ALARM:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #** \_\_\_\_\_

**ADDRESS OF APPLICANT** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #** \_\_\_\_\_

**MONITORING AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #** \_\_\_\_\_

**SERVICING AGENCY: (if different from above)**  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF ALARM:** POLICE \_\_\_\_\_ FIRE \_\_\_\_\_ MEDICAL \_\_\_\_\_

**AUDIBLE** YES \_\_\_\_\_ NO \_\_\_\_\_

**LOCATION OF ALARMS:**

**RESPONDING INDIVIDUALS:**

The following names are required items and must have keys to the premises and authorization to enter the premise at any time. In addition, the named individuals must be able to respond to the location within fifteen minutes of the alarm.

1. \_\_\_\_\_ PHONE: \_\_\_\_\_
2. \_\_\_\_\_ PHONE: \_\_\_\_\_

**RELEASE AND AUTHORIZATION FOR INSPECTION:**

I (we) the undersigned applicant(s) for an alarm permit, intending to be legally bound hereby state that neither I (we), nor anyone claiming by, through or under me (us), shall make any claims against the Borough of Dormont for any damage caused to the premises at which the alarm device named in this application is or will be located, if such damage is caused by forced entry to the premises by employees of the Borough of Dormont in order to answer an alarm from said Alarm Device at a time when said premises are, or appear to be, unattended or when in the discretion of said employee(s) circumstances necessitate a forced entry.

Further, I (we) hereby agree that, periodically and upon 48 hours written notice, representatives of the Dormont Police, Dormont Fire Department or the Fire Commissioner of Dormont, shall be allowed to enter my (our) premises between the hours of 10:00 a.m. and 7:00 p.m. for the purpose of inspection my (our) Alarm Device installation in order to determine whether or not it is in accordance with the operational standards set forth in Section 3 of this ordinance.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

.....  
DATE REC \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ BY \_\_\_\_\_