



## Mt. Lebanon Pennsylvania

710 Washington Rd.  
Pittsburgh, Pa. 15228  
412-343-3402  
[www.mtlfd.org](http://www.mtlfd.org)

Dear Property Owner,

Mt. Lebanon requires all properties with monitored alarm systems to have a private alarm system operational permit. The private alarm system operational permit fee is \$35.00 per year. This fee is based on the Comprehensive Fee Schedule which is available on-line at [www.mtlebanon.org](http://www.mtlebanon.org). An invoice letter will be mailed to you in January of each year. **You will not receive a bill until January for the Private Alarm Permit Fee.**

Please fill out the enclosed Occupancy Contact Form and return it to the address below ASAP.

- Please indicate property owner, contacts, key-holders and alarm vendor on the Occupancy Contact Form.
- Be sure to include an address and at least one phone number per contact.
- Be sure to include the alarm monitoring company name and type of alarm being monitored, (intrusion, fire and/or medical).
- **Return the Occupancy Contact Form to:**

**Mt Lebanon Fire Department  
Attn. Private Alarm System  
555 Washington Rd.  
Pittsburgh, Pa. 15228**

If you have any questions, please contact us at 412-440-2023. You may also email the Occupancy Contact Form or questions to [alarmpermits@mtlebanon.org](mailto:alarmpermits@mtlebanon.org).

Thank you for your prompt attention!



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ADDRESS OF ALARM SYSTEM :		<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS
OWNER NAME:			
OWNER ADDRESS:			
OWNER PHONE1:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER
OWNER PHONE2:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER
OWNER EMAIL:			

**Provide the name, address, and phone numbers of any emergency contacts/keyholders.**

CONTACT NAME:		<input type="checkbox"/> OWNER	<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> KEYHOLDER
CONTACT ADDRESS:				
CONTACT PHONE1:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER
CONTACT PHONE2:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER

CONTACT NAME:		<input type="checkbox"/> OWNER	<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> KEYHOLDER
CONTACT ADDRESS:				
CONTACT PHONE1:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER
CONTACT PHONE2:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER

CONTACT NAME:		<input type="checkbox"/> OWNER	<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> KEYHOLDER
CONTACT ADDRESS:				
CONTACT PHONE1:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER
CONTACT PHONE2:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER

**Indicate the company name through which the alarm is leased, rented, under service agreement and being monitored:**

ALARM COMPANY NAME:	
ALARM COMPANY ADDRESS:	
ALARM COMPANY PHONE:	
ALARM TYPE: <input type="checkbox"/> INTRUSION <input type="checkbox"/> FIRE <input type="checkbox"/> MEDICAL	ALARM SERVICE START DATE:

**Department Use Only**

Date Received	Check#/Online	ESO Update	By
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