



Lower Macungie Township

3400 Brookside Rd.
Macungie, PA 18062
Phone: 610 966-4343
Fax: 610-965-3654

www.lowermac.com

Important information for Homes and Businesses with monitored alarm systems

Each year the all volunteer Fire Departments that cover Lower Macungie Township respond to a high quantity of false fire alarms. These calls are highly taxing on the volunteers who spend the time responding to them. The LMT Fire Department personally responds to approximately 120-140 false fire alarm activations per year. This equals roughly 30% of the total call volume. These fire calls are unnecessary and take personal time away from the volunteers who are already giving so much of their free time for real emergencies and continued training.

Please take notice that dust, dirt and steam from construction related work can activate a fire alarm system. If you have a fire alarm system that is monitored, notify the alarm company prior to any work that may cause an alarm so that an unnecessary Fire Department dispatch can be avoided.

Lower Macungie Township receives a copy of all false alarm fire reports and you may be subject to fine in accordance with the Lower Macungie Township Code of Ordinances, Chapter 7, Part 204. This ordinance carries a per occurrence fine of \$150 (Residential) and \$300 (Commercial) for allowing more than 1 false alarm within a 6 month period. Contact the Township for all the details regarding the false fire alarm ordinance.

By following these simple guidelines you will help our Fire Companies decrease their call volume. In turn this gives our volunteers, who give so much of their time to help others, a much deserved break. For more information on the Lower Macungie Fire Department as well as fire safety tips, please visit their website at www.firestation30.org.



Alarm Registration Form

Pursuant to Ordinance 1998-14 adopted 12/17/98

Fill in all fields – return to: info@lowermac.com

www.lowermac.com

Date: _____

Name: _____
(Owner or Lessee)

Address: _____
(Owner or Lessee)

Phone Number: _____ Cell: _____ Work: _____

Email: _____

Address of Installed Alarm: _____
(if different from above)

Phone Number: _____ Cell: _____

EMERGENCY ACCESS – Authorized persons who can gain access to alarm other than owner (2 names preferred)

1. Name: _____

Address: _____

Phone Number: _____ Cell: _____

2. Name: _____

Address: _____

Phone Number: _____ Cell: _____

ALARM INSTALLER

Name: _____

Address: _____

Phone Number: _____

SPECIAL INSTRUCTIONS relating to design or layout of premises.
