Alarm System Permit Application

NOTE: Please Fax or Drop off this Form at the Police Department

7151 Matthews Mint Hill Road, Mint Hill, NC 28227
P.O. Box 690940, Mint Hill, NC 28227
Phone: 704-545-1085 Fax: 704-545-7133

FOR ALARM ACTIVATIONS CALL: 704-889-0101

DEPARTMENT USE ONLY:

This Application is for (check one)

☐ Business ☐ Residence

Please print legibly and use black ink

1. Alarm User Information (Alarm Location)

Last Name _____ First Name _____ Middle Initial _____

If Business location, provide Business Trade Name and Corporate Ownership Information _____

Street Number _____ Street Name _____ Email Address _____

Apt./Suite/Room # _____ City / Town _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

2. Mailing Address (if different from the Alarm Location, to include **PO BOX if applicable**)

Street Number _____ Street Name/PO Box _____ Email Address _____

Apt./Suite/Room # _____ City / Town _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

3. List two (2) people to contact in the event of an alarm (someone who can respond within 30 minutes)

Last Name _____ First Name _____ Middle Initial _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Last Name _____ First Name _____ Middle Initial _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

4. Alarm Company Information

Company's Name _____ Phone Number _____

5. Monitoring Company Information (if different from Alarm Company)

Company's Name _____ Phone Number _____

6. Special conditions at location (i.e. watch dogs, disable person, etc.)