



CHARLOTTE-MECKLENBURG
POLICE DEPARTMENT

Alarm System Permit Application

Charlotte Alarm Management Services
PO Box 26028 Raleigh, NC 27611-6028
phone: 1-800-928-4136 fax: 1-919-833-9842

DEPARTMENT
USE ONLY:

This application is for a (*check one*):
 Business Residence

Please print legibly and use black ink
Shaded boxes are required fields. Incomplete or illegible applications cannot be processed

1. Alarm User Information (Alarm Location)

Last Name First Name Middle Initial
[Shaded] [Shaded] [Shaded]

If a business location, provide Business Trade Name and Corporate Ownership information

[Shaded]

Street Number Street Name Email Address
[Shaded] [Shaded] [Shaded]

Apt/Suite/Room # City/Town State Zip Code
[Shaded] [Shaded] [Shaded] [Shaded]

Home Phone Work Phone Cell Phone
[Shaded] [Shaded] [Shaded]

2. Mailing Address (If different from the Alarm Location)

Street Number Street Name
[Shaded]

Apt/Suite/Room # City/Town State Zip Code
[Shaded] [Shaded] [Shaded] [Shaded]

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

Last Name #1 First Name
[Shaded] [Shaded]

Home Phone Work Phone Cell Phone/Pager Number
[Shaded] [Shaded] [Shaded]

Last Name #2 First Name
[Shaded] [Shaded]

Home Phone Work Phone Cell Phone/Pager Number
[Shaded] [Shaded] [Shaded]

4. Alarm Company Information

Company Name Phone Number
[Shaded] [Shaded]

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

Company Name Phone Number
[Shaded] [Shaded]

6. Special conditions at location (i.e., watch dog, disabled persons, etc.)

[Shaded]