



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

If a 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

Work Phone

Cell Phone

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

Street Number

Street Name

Apt/Suite/Room #

City/Town

State

Zip Code

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

Last Name #1

First Name

Home Phone

Work Phone

Cell Phone/Pager Number

Last Name #2

First Name

Home Phone

Work Phone

Cell Phone/Pager Number

4. Alarm Company Information

Company Name

Phone Number

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

Company Name

Phone Number

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