

# Alarm Registration

## Union County Sheriff's Office

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Alarm Location:

Alarm Company Provider:

Applicants Name:

Applicants Phone Number(s):

Cell Phone Number(s):

Applicants E-mail:

Applicants Address:

### **PERMIT HOLDER INFORMATION**

Name:

Address:

Phone Number(s):

Cell Phone Number(s):

E-mail Address

**\*The Permit Holder is the person responsible for response, access to alarm site, maintenance, operation, and payment of any fees.**

Names of at least two persons with keys to the premises and a working knowledge of the alarm system. These persons must be able to respond within 30 minutes.

Name and Position:

Address:

Phone Number(s):

Cell Number(s):

Name and Position:

Address:

Phone Number(s):

Cell Number(s):

Name and Position:

Address:

Phone Number(s):

Cell Number(s):

Name and Position:

Address:

Phone Number(s):

Cell Number(s):

Name and Position:

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