

# ALARM REGISTRATION FORM

Fannin County  
Department of public safety

**\$10.00 Registration Fee**  
Make Checks Payable to  
Fannin Co. Board of Commissioners

Attn: False Alarm Reduction Unit  
400 West Main Street, Suite 100  
Blue Ridge GA, 30513  
706-632-2203

Records Information Form Permit # \_\_\_\_\_

>>> INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

## 1. Alarmed Location\*

\_\_\_\_\_  
Premise Phone# \_\_\_\_\_  
Occupant Name or Business Name  
\_\_\_\_\_  
Address

## 2. Responsible Party Contact Information

\*Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work/Home \_\_\_\_\_  
\*Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work/Home \_\_\_\_\_

### Mailing address if different from above:

\_\_\_\_\_  
Address

## 3. Contact Names List two people to contact in the event of an alarm. (Must be able to respond within 30 minutes)

### Contact 1

\_\_\_\_\_  
Name Phone \_\_\_\_\_

### Contact 2

\_\_\_\_\_  
Name Phone \_\_\_\_\_

## 4. Alarm Companies

\_\_\_\_ Not Monitored

### Monitored By:

\_\_\_\_\_  
Phone \_\_\_\_\_

### Installed by:

\_\_\_\_\_  
Phone \_\_\_\_\_

Low Voltage License # \_\_\_\_\_.

**\*Must be completed before submission of this registration form.**

The above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_