

POLICE



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. Send to the above address or fax number.

Boxes indicated with an * 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

If you have NOT received an alarm permit within 10 business days, please call 1-800-928-4136.
This alarm permit is required to receive police response to your alarm system.