

SECTION 1: Alarm Location & Type Information:

Alarm Physical Address: _____ City: _____ State: _____ ZIP: _____

Phone Number at Alarm Location: _____

Your Name: _____

Your Mailing Address: _____ City: _____ State: _____ ZIP: _____

Your Contact Phone Number: _____ Email Address: _____

Type of Alarm (Check all that apply):

Hold Up Intrusion Trouble Fire

Other: _____

What Kind of Alarm(s) do you have?

Direct Connect Dialer Central Station

Audible

Other: _____

Are there any Hazardous Materials on or near the property? _____ YES _____ NO

SECTION 2: Business Information

If your alarm is located at a business, fill out this section.

Business Name: _____ Business Phone: _____

Business Mailing Address: _____ City: _____ State: _____ ZIP: _____

Owner / Local Agent Name: _____ Owner/Agent Phone: _____

SECTION 3: Persons to be notified when alarm sounds:

Primary Name: _____ Phone 1: _____ Phone 2: _____

Secondary Name: _____ Phone 1: _____ Phone 2: _____

SECTION 4: Alarm Company / Central Station Information

Alarm Company Name: _____ Phone: _____

Alarm Company Address: _____ City: _____ State: _____ ZIP: _____

Alarm Company Point of Contact Name: _____

SECTION 5: Owner / Agent Agreement

This application is made by me with the understanding and agreement that I will abide by all provisions of the Lincoln County Alarm Ordinance. I understand that failure to comply may result in termination of my alarm permit, as provided by law.

Signature: _____

(Type Name For Electronic Submission)