



Fire/Security Alarm Permit Application

Date of Application: _____

Name (or Business Name): _____

Home Phone: _____ Cell Phone: _____

Alarm Address: _____

Mailing Address: _____

Email Address: _____

Driver's License Number/State: _____

Alarm Company Name & Phone Number: _____

List below 2 people with keys to your building and a working knowledge of your alarm system that could respond within thirty minutes to assist police in resetting the alarm:

<u>Name</u>	<u>Phone Number</u>
_____	_____
_____	_____

Email to: dcoram@townofweddington.com

Mail to: **Town of Weddington**
1924 Weddington Road
Weddington, NC 28104