



Fire/Security Alarm Permit Application

Applicant Information:

Name (or Business Name):

Home Phone: _____ Cell Phone: _____

Mailing Address:

Alarm Address (if different from mailing):

Email Address: _____

Driver's License Number/State: _____

Alarm Company Name and 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:

Name

Phone Number

Email to: jpeirano@townofweddington.com

OR

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