

TOWN OF NEWPORT
Robbery and Burglary - Automatic Alarm System
User Registration

Please check Alarm Type

Commercial Security Alarm **Residence Security Alarm**

Please print legibly and use black ink
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 # _____ #City/Town _____ * State _____ * Zip Code _____

* Home Phone _____ *Work Phone _____ *Cell Phone _____

2. Mailing Address (if different from Alarm Location)

Street Number _____ Street Name _____

Apt./Suite # _____ 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 _____

NC Alarm License # _____ Town Privilege License # _____

5. Monitoring Company Information (if different from Alarm Company)

* Company Name _____ *Phone Number _____

NC Alarm License # _____ Town Privilege License # _____

6. Special Conditions at location (i.e., watch dog, disabled persons, hazardous materials, etc.)

7. Have you ever been denied an Alarm Permit or ever had one revoked: Yes [] No []

8. Alarm Communication Method: Digital Communicator: [] Local Audible Only: []
Other: [] _____

