



Completed applications may be emailed to alarms@concordnc.gov, faxed to 704-920-6994 or mailed:

Concord False Alarm Reduction Program

PO Box 308

Concord, NC 28026-0308

#

Permit Registration Application

Alarmed Location

Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____ Email address _____

Home/Business # _____ Cell # _____

Responsible Party

Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____ Email address _____ **Request E-bill**

Home/Business # _____ Cell # _____ Other # _____ Other # _____

Keyholders (Businesses only)

1:

Name _____

Phone 1 _____ Phone 2 _____ Phone 3 _____ Phone 4 _____

2:

Name _____

Phone 1 _____ Phone 2 _____ Phone 3 _____ Phone 4 _____

Monitored By _____

Sold By _____

I do here by solemnly swear that the above listed information is correct to the best of my knowledge

Signature _____

Date Signed _____