

ALARM REGISTRATION FORM

Fannin County
Department of public safety

\$10.00 Registration Fee
Make Checks Payable to
Fannin Co. Board of Commissioners

Attn: False Alarm Reduction Unit
400 West Main Street, Suite 100
Blue Ridge GA, 30513
706-632-2203

Records Information Form Permit # _____

>>> INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

1. Alarmed Location*

_____ Premise Phone# _____

Occupant Name or Business Name

Address

2. Responsible Party Contact Information

*Name _____ Cell # _____ Work/Home _____

*Name _____ Cell# _____ Work/Home _____

Mailing address if different from above:

Address

3. Contact Names List two people to contact in the event of an alarm. (Must be able to respond within 30 minutes)

Contact 1

_____ **Phone** _____

Name

Contact 2

_____ **Phone** _____

Name

4. Alarm Companies _____ Not Monitored

Monitored By:

United Monitoring Service Inc. _____ **Phone** 800-582-2459

Installed by:

Mountain Valley Systems LLC. _____ **Phone** 706-374-4153

Low Voltage License # LVA205389 .

***Must be completed before submission of this registration form.**
The above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____