



Alarm System Permit Application
Town of Matthews Alarm Management Services
1201 Crews Road Matthews, N.C. 28105
Phone: (704) 845-1973

alarms@matthewspolice.org or Fax: (704) 845-5824

DEPARTMENT
USE ONLY:

NOTICE: Pursuant to [Chapter 98 of the Town of Matthews Code of Ordinances](#), all residential / commercial alarm systems must be registered with the town. The no-cost registration provided officers with the needed information when responding to alarm calls. It also enables the town manage / enforce the town's Ordinance regarding excessive 'false' alarms. Civil fines are assessed to all 'excessive' false alarm calls received within any twelve month period.

This application is (check one):			This application is for a (check one):		Permit type (check all that apply):	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Update	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Police	<input type="checkbox"/> Fire

Please print / complete all fields. When complete, send to the above e-mail address, street address or fax to the provided number. Incomplete or illegible applications cannot be processed.

1. Alarm User Information (Alarm Location)

Last Name First Name Middle Initial

If business location, provide Business Trade Name and Corporate Ownership information

Street Number & Name

Apt./Suite/Room # Zip Code E-Mail Address

Home Phone Work Phone Cell Phone

2. Mailing Address (if different from the Alarm Location)

Street Number & Name Apt./Suite/Room#

City/Town State Zip Code

Home Phone Work Phone E-Mail Address

3. List two (2) people to contact in the event of an alarm (who can respond within 30 minutes)

Last Name #1 **First Name** **Middle Initial**

Home Phone Work Phone Cell Phone

Last Name #2 **First Name** **Middle Initial**

Home Phone Work Phone Cell Phone

4. Alarm Company Information (Installed the Alarm System)

Company Name Phone Number

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

Company Name Phone Number

6. Special conditions at location (i.e. watch dog, disabled persons, etc.)