



Alarm System Permit Application
Town of Matthews Alarm Management Services
PO Box 25129 Raleigh, NC 27611-6028
Phone: 1-800-306-8533 Fax: 1-919-833-9842

DEPARTMENT
USE ONLY:

This application is for a (check one):
 Business Residence

Please print legibly and use black ink

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 Street Name Email Address

Apt./Suite/Room# City/Town State Zip Code

Home Phone Work Phone Cell Phone

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

Street Number Street Name Email Address

Apt./Suite/Room# City/Town State Zip Code

Home Phone Work Phone Cell Phone

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

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.)