

**MOUNT HOLLY POLICE DEPARTMENT
SECURITY ALARM PERMIT APPLICATION**

APPLICANT'S NAME (OR BUSINESS NAME) _____

ALARM LOCATION ADDRESS (INCLUDE APT/SUITE) _____

PHONE NUMBER (HOME) _____

(WORK) _____

DRIVER'S LICENSE # _____ STATE _____

MAILING ADDRESS (IF DIFFERENT) _____

RESIDENT BUSINESS CITY _____ ZIP _____

ALARM COMPANY NAME _____

ADDRESS _____

PHONE _____

LIST BELOW TWO PEOPLE WITH KEYS TO YOUR BUILDING AND A WORKING KNOWLEDGE OF YOUR ALARM SYSTEM WHO COULD RESPOND WITHIN THIRTY MINUTES TO ASSIST THE POLICE IN RESETTNG YOUR ALARM.

NAME _____ PHONE (H) _____

(W) _____

NAME _____ PHONE (H) _____

(W) _____

**MAIL TO: MOUNT HOLLY POLICE DEPARTMENT
ATTN: COMMUNICATIONS SUPERVISOR (ALARM PERMIT)
P.O. BOX 406
MOUNT HOLLY NC 28120
*OR FAX: 1-704-822-2932**

***IF FAXED YOU MUST CALL (704-827-4343) TO GET CONFIRMATION THAT YOUR FAX WAS RECEIVED.**