

ALARM PERMIT APPLICATION

The Town of Davidson is revising its Security Alarm Registration system. Please complete and mail the application below if you have an electronic security system within the Davidson town limits, *even if you have previously registered your system*. Registration is FREE. Auto, Fire, and Medical alarms are excluded.

Once registered, the first two false alarms within a 12-month period following registration are free. Alarm users will be fined \$50 each for false alarms 3, 4, and 5; \$100 each for 6 and 7; \$250 each for 8 and 9; and \$500 each for 10 and above. If you are fined, police will not respond to future alarms until your fines are paid.

Some Things You Should Know

- Complete the application below and submit by mail or fax. You must obtain your permit letter by mail before operating your alarm system. Alarm permits are not transferable.
- Upon receiving your permit letter, it is your responsibility to provide this number to your alarm company. The police cannot respond to an alarm at your address unless the alarm company has this number when calling to request a police dispatch.
- Audible alarms that sound for more than 15 minutes will result in a \$100 fine.

Avoiding Fines

Most false alarms can be easily avoided by following these simple guidelines:

- Make sure all alarm users and key holders are trained to use your system and know the codes to arm and disarm it, including how to cancel a false alarm.
- Be sure doors and windows are properly closed and locked before arming the system.
- Be sure motion sensors are adjusted correctly, especially if you have pets.
- Have an arming delay of at least 60 seconds and arrange with your alarm company NOT to call the police if the system goes off immediately after it has been armed.
- If thunderstorms or power outages easily set off your alarm system, have it repaired or adjusted.

Please call the Police Department at 704/892-5131 if you have questions about the permit application.

Security Alarm Permit Application

Applicant's Name (or Business Name) _____

Alarm Location Address (include Apt/Suite) _____

City _____ State _____ Zip _____

Phone No. (Home) _____ (Work) _____ Drivers Lic. Num _____ State _____

Mailing Address (if different) _____

Alarm is a (check one) Residential Alarm _____ Business Alarm _____

Alarm Company Name _____ Phone _____

List two people with keys to your home or building and a working knowledge of your alarm system that could respond within 30 minutes to assist police in resetting your alarm.

Name _____ Phone _____ Phone _____

Name _____ Phone _____ Phone _____

Mail to: Davidson Police Department, PO Box 579, Davidson, NC 28036 or FAX* to 704/896-9733.
*IF YOU FAX YOUR APPLICATION, YOU MUST CALL 704/892-5131 TO CONFIRM THAT YOUR FAX WAS RECEIVED.