

# SECURITY, MEDICAL & FIRE ALARM PERMIT APPLICATION

Halifax Central E-911 Communications • 10 N. King St. • Halifax, NC 27839  
 PHONE (252) 583-2390 • FAX (252) 583-2435 • EMAIL brown.s@halifaxnc911.com  
 Please type or print clearly. All sections must be completed. Incomplete applications will be returned.



## TYPE OF PERMIT REQUESTED

- NEW ALARM SYSTEM PERMIT
  UPDATE REGISTRATION  
 ALARM DISCONNECTED

\*Permits are valid for one (1) year. No charge to residents 60 years of age or older, public education or governmental entities (§28-66)

## ALARM USER INFORMATION

Name of Owner of Residence or Business		← HOME OWNER OR BUSINESS NAME MUST BE LISTED AS "ALARM USER"	Home Phone
Address Where Alarm System is Located	Suite/Apt. No.		Cell Phone
City, State, Zip			Business Phone
Mailing Address of responsible party, if different than above		Telephone Number at Alarm Location	

## ALARM SYSTEM INFORMATION

YOU MUST CHOOSE EITHER ① OR ②.

①  MONITORED ALARM Police, medical, and/or firefighters are called to your home by a "central station" alarm service that monitors your alarm by telephone or other device.  
 ②  LOCAL ALARM A bell or siren sounds when the alarm is activated. The system may or may not automatically notify a "central station" monitoring service by phone.

YOU MUST CHOOSE EITHER ③ OR ④. BOTH TO BE CHECKED ONLY IF YOU HAVE A LICENSED HOME-BASED BUSINESS.

③  RESIDENTIAL ALARM Residential alarms can only ring for an actual or attempted crime or fire/medical related emergency. You cannot install a robbery alarm unless you have a business license for your residence. You must dial 9-1-1 to summon the police in all other cases.  
 ④  BUSINESS ALARM Business Name (Doing Business As)

TYPE OF ALARM AT BUSINESS →

BURGLARY (BREAK-IN)     ROBBERY (HOLD-UP)  
 FIRE     PANIC/DISTRESS/TROUBLE     OTHER:

MAKE SURE TO COMPLETE ⑤ OR ⑥.

⑤ ALARM INSTALLATION & MAINTENANCE COMPANY  
*Information required on ALL systems.*

Name	Phone
Address	

⑥ ALARM MONITORING COMPANY  
*Required for all alarm systems EXCEPT those not monitored.*

Name	Phone
Address	

## RESPONSIBLE PARTY INFORMATION

If you are not available, one of the following persons must respond to the alarm site within 45 minutes of a police request.

Name	Home Phone	Work Phone	Pager or Cellular Phone
Name	Home Phone	Work Phone	Pager or Cellular Phone
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Mail this application to: Halifax Central E-911 Alarm Administrator P.O. Box 677 Halifax, NC 27839	<b>FOR OFFICE USE ONLY</b> New Permit No. _____ Old Permit No. _____ Receipt Mailed: _____ Exempt    Cash    Check No: _____
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\* The information required for the alarm permit is confidential to the extent allowed by law and the Halifax County Code, Article III, Section 28-79