



Town of Cornelius

False Alarm Reduction Program

PO Box 602827, Charlotte, NC 28260

Email: corneliusnc@publicsafetycorp.com

Phone: (866) 889-2361

Alarm Registration Form

Please print legibly and use black ink. Mail form to the address above. Fields in bold are required. Incomplete or illegible applications cannot be processed.
****For residential locations – If you are 65 years or older, you may have your registration fee waived by providing proof of age. Please submit this documentation with your registration form****

Alarm User Information (Alarm Location)

Application Type: Residence Business

Last Name	First Name	Middle Initial

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

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Street Address	Apt/Suite/Room #	Email Address

City	State	Zip Code

Home Phone	Work Phone	Mobile Phone

Mailing Address (if different from the alarm location)

Street Address	Apt/Suite/Room #

City	State	Zip Code

List two (2) people to contact in the event of an alarm (they must be able to respond within 30 minutes)

1 st Contact: Last Name	1 st Contact: First Name	1 st Contact: Email Address

1 st Contact: Home Phone	1 st Contact: Work Phone	1 st Contact: Mobile Phone

2 nd Contact: Last Name	2 nd Contact: First Name	2 nd Contact: Email Address

2 nd Contact: Home Phone	2 nd Contact: Work Phone	2 nd Contact: Mobile Phone

Alarm Company Information

Alarm Company Name	Alarm Company Phone Number

Monitoring Company Name (if different than Alarm Company)

Monitoring Company Name	Monitoring Company Phone Number