

# ALARM PERMIT REGISTRATION

Fannin County  
Department of Public Safety

Registration Fee: \$10.00  
Make Checks Payable to:  
Fannin County Board of Commissioners

Attn: False Alarm Reduction Unit  
400 West Main Street, Suite 100  
Blue Ridge, GA 30513  
706-632-2203

Records Information Form

Permit #: \_\_\_\_\_

\* Rental Cabin: YES: \_\_\_ No: \_\_\_

**Instructions:** Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

## 1. Alarm Location \*

Occupant Name or Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## 2. Responsible Party Contact Information \*

\* Name: \_\_\_\_\_

\* best contact #: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## 3. Contact Names \* - List two people to contact in the event of an alarm. (Must be able to respond in 30 minutes)

Primary

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secondary

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## 4. Alarm Companies \*

Monitored \* ? Yes \_\_\_ No \_\_\_

Monitored by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Low Voltage License #: \_\_\_\_\_

Installed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

The information listed above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* required information