

Mount Holly Police Department Security Alarm Registration

Alarm Type

Residential Business Religious

Applicant's Name or Business Name:

Physical Address for Alarm Site:

Phone Number for Alarm Site:

Applicant's Mailing Address (If Different):

Applicant's Phone Number (If Different):

Alarm Company Name:

Phone:

Please list below two people who have keys to your alarm site. These people should have a working knowledge of your alarm system who could respond within thirty (30) minutes to assist the police in resetting your alarm.

Name: _____

Phone: _____

Name: _____

Phone: _____

Your signature below indicates you have received a copy of Mount Holly City Ordinance on Alarms/False Alarms

_____ Date: _____

Please mail this to: Mount Holly Police
Attn: Alarm Supervisor
P.O. Box 406
Mount Holly, NC 28120

Fax: 704-822-2932
E-Mail: alarms@mtholly.us

E-Mail: _____