POLK COUNTY EMERGENCY SERVICES Mail to: Polk County Fire Prevention Program Post Office Box 308 Columbus, NC 28722

FIRE ALARM REGISTRATION APPLICATION

Application Type: (ple	ase circle one)	Initial Registration	Re-Registration	
Applicant Name:			Telephone # ()	
Applicant Address:	Last	First MI	•	
rippiicuit riddress.	Street Address	Apa	tment or Suite No.	
	City	State	Zip code	
Business Name:			Telephone # ()	
Business Address:			-	
	Street Address	Apartment or Suite	No.	
	City	State	Zip code	
Building Owner Name	(if other than applic	ant):	Telephone # ()	
Owner's Address				
	Street Address	Apartment or Suite	No.	
	City	State	Zip Code	
Mailing Address				
(if different):	Street Address	Apartment or Suite	No.	
	City	Charles	Z'a a da	
	City	State	Zip code	
Type of Alarm Site: (p	lease circle one)	Residence Bu	siness Governme	ent Office
Date of Alarm Installation:		Number of actuating devices:		
Monitoring Company:		Telephone	t () State licen	sing#:
Address:				
	Street Address	Apartment or Suite No.		
	City	State	Zip code	
	Emergency Contacts that	have agreed to respond and grant a		
Name of Contact #1:			Local Telephone # ()	
Street Address	Apartment or Suite No.	City	State Zi	p code
Name of Contact #2:			Local Telephone # ()	
Street Address	Apartment or Suite No.	City	State Zi	p code
X Signature of Applicant of Au	uthorized Agent		Date:	
orginature of Applicant of At	amorizou agent			
			ed herein is true and correct to the n payment of all fees owed to the C	
NOTE: There is a	\$5.00 registratio	n fee. Please send check	with application.	
		~Fire Prevention Office	Jse Only~	
Date received:	By:		Registration #	