

**CASWELL COUNTY SHERIFF'S OFFICE
P. O. BOX 1177, YANCEYVILLE, NC 27379
OFFICE PHONE NO. (336) 694-9311**

ALARM INFORMATION REQUEST

NAME: _____

9-1-1 ADDRESS: _____

PHONE NUMBER: _____

EXACT DIRECTIONS TO LOCATION WHERE ALARM IS INSTALLED:

TYPE OF ALARM: _____ **AUDIBLE** _____ **SILENT** _____

WILL YOUR ALARM BE RECEIVED AT SHERIFF'S OFFICE BY PHONE? _____

LOCAL CONTACT PERSON	ADDRESS	PHONE NUMBER
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COMPANY ALARM PURCHASED FROM: _____

ADDRESS: _____

PHONE NO: _____

I understand that upon approval of this alarm request to be received by the Caswell County Sheriff's Office that I shall keep said alarm maintained and shall notify the kproper emergency service immediately if alarm is accidently activated.

SIGNATURE: _____

DATE: _____