



# Lenoir Police Department

1035 West Avenue NW  
Lenoir, North Carolina 28645  
(828) 757-2121 • Fax (828) 757-210



## ALARM REGISTRATION FORM

*(For residential/business properties inside the city limits of Lenoir)*

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

Registered Owner's Name: \_\_\_\_\_ Registered Owner's phone: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_ Alarm Company Phone: \_\_\_\_\_

**NOTE: \*\*\*This form is good for one year and must be filled out annually to ensure that we have the most current information on file. \*\*\***

Weapons in the home?    No            Yes            Prefer to not Answer

**If yes, please list what kind:** \_\_\_\_\_

Are any of the alarms audible?    \_\_\_\_\_ No    \_\_\_\_\_ Yes            **If yes, which ones?** \_\_\_\_\_

Does the property have dogs?    \_\_\_\_\_ No    \_\_\_\_\_ Yes    **If yes, dogs' location** \_\_\_\_\_

*Please list the make, model, and location of any vehicles associated with your property:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be lights on (motion, interior, timers, etc.)?    \_\_\_\_\_ No    \_\_\_\_\_ Yes    **If yes, list the type, time on, and location:**

\_\_\_\_\_  
\_\_\_\_\_

Please list below any emergency contacts:

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

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

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

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

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

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

\_\_\_\_\_

**ALARM REGISTRATION NUMBER**

# ALARM REGISTRATION

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Additional notes for Officers who will be checking your property. Notes can include things such as persons with health concerns like dementia, autism, or mobility issues.

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By signing this security request, I attest that I am the owner/custodian of the listed property, and I authorize the Lenoir Police Department to check it during the event of an alarm. I also agree that the Lenoir Police Department can contact me if needed for any alarm situation. I understand that this form will need to be filled out annually.

\_\_\_\_\_  
Signature of Owner/Custodian

\_\_\_\_\_  
Date

Witness my hand and official seal,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By Notary Public: \_\_\_\_\_  
(printed name and signature)

My commission expires: \_\_\_\_\_

Department Use Only

Submitted via web/email/person: \_\_\_\_\_

Received by which division & Date:

Entered by and Date: