

North Norfolk District Council – Alarm Notification Area

Registration Form

When completed this form will contain information protected by the Data Protection Act 1998 and all the information will be held and maintained by the Council in accordance with this act.

1. About the premises where the alarm is installed

Person Responsible: _____

Company Name: _____

Building Address: _____

Postcode: _____

Contact Tel No: _____

Contact Email: _____

2. About the alarm system

New Installation

Existing Installation

Type 1 (remote signalling)
Monitored by 24 hour call
centre or direct link to police

Type 2 (Audible bell)
Nominated key holders

3. Details of alarm system maintenance contractor (if you have one)

Name: _____

Address: _____

Postcode: _____

Tel: _____

PTO

4. About the Key holders – (we will contact in order entered)

Key holder A

Name: _____

Company Name: _____

Address: _____

Postcode _____

Contact Tel No: _____

Mobile/Alternative Tel No: _____

Key holder B

Name: _____

Company Name: _____

Address: _____

Postcode _____

Contact Tel No: _____

Mobile/Alternative Tel No: _____