

**Tryon Fire Department
301 North Trade Street
Tryon, NC 28782**

FIRE ALARM REGISTRATION APPLICATION

Application Type: (please circle one) **Initial Registration** **Re-Registration**

Applicant Name: _____ Telephone # () _____

Last First MI

Applicant Address: _____

Street Address Apartment 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 applicant): _____ 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 State Zip code

Type of Alarm Site: (please circle one) **Residence** **Business** **Government Office**

Date of Alarm Installation: _____ Number of actuating devices: _____

Monitoring Company: _____ Telephone # () _____ State licensing#: _____

Address: _____

Street Address Apartment or Suite No.

City State Zip code

Please list at least two (2) Emergency Contacts that have agreed to respond and grant access to the alarm site

Name of Contact #1: _____ Local Telephone # () _____

Street Address Apartment or Suite No. City State Zip code

Name of Contact #2: _____ Local Telephone # () _____

Street Address Apartment or Suite No. City State Zip code

X _____ Date: _____
Signature of Applicant or Authorized Agent