



TOWN OF WOODFIN POLICE DEPARTMENT

90 ELK MOUNTAIN RD ~ ASHEVILLE, NC 28804 ~ (828) 253-4889 ~ FAX (828) 253-4700

Brett Holloman, *CHIEF OF POLICE*

Woodfin Police Department Alarm Permit Registration Form

Business Residential (Please check one)

Business / Residence Name: _____

Address: _____

Telephone Number at the address above: _____

Name of Person Responsible for this alarm (Alarm Permit Holder): _____

Address: _____

Telephone: _____

E-mail: _____

Alarm Vendor: _____ Contact Number: _____

Alarm Monitoring Service: _____ Contact Number: _____

Two Persons who can respond to this address within 30 minutes should this alarm be activated:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

***Forms may be mailed to: Woodfin Police Department 90 Elk Mountain Rd. Woodfin, NC 28804,
or emailed to: alarmregistration@woodfin-nc.gov**

For Alarm System Coordinator/PD Use only

Date received: _____ Date entered: _____

Permit Number: _____