



SECURITY ALARM PERMIT REGISTRATION APPLICATION

INSTRUCTIONS: Print legibly or type. Complete a separate application for each address to be permitted. Mail form to address at top of the page. You may also update your registration information online at CryWolfServices.com/GwinnettCoGA.

1 Alarmed Location (check all that apply) <input type="checkbox"/> NEW <input type="checkbox"/> UPDATED <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT <input type="checkbox"/> COMMERCIAL			
Type: <input type="checkbox"/> Burglary <input type="checkbox"/> Holdup <input type="checkbox"/> Duress			
Occupant Name or Business Name (Registration Holder)		<input type="checkbox"/> Panic <input type="checkbox"/> Other-Specify: _____	
Apartment Complex/Subdivision Name		Type of Business Conducted at Alarm Site (if applicable)	
Address		Suite/Apt #/Bldg #	
City	State	Zip	Phone Number
2 Billing Address and Billing Person (must be a person)			
Name (First & Last)		Phone 1	<i>Circle Type</i> H/W/C/O
Address		Phone 2	H/W/C/O
City		Phone 3	H/W/C/O
State		Phone 4	H/W/C/O
Zip			
<input type="checkbox"/> Check here if you would like correspondence and bills sent via email.			
Provide email address if electronic delivery is requested: _____			
3 Contact Names (at least 2 people are required by the ordinance)			
These individuals must be able to and have agreed to: receive notification of an alarm activation at any time; respond to the alarm site within 30 minutes; and grant access to the alarm site and deactivate the alarm system, if necessary.			
Contact 1		Phone 1	<i>Circle Type</i> H/W/C/O
Name (First & Last)	Address	Phone 2	H/W/C/O
Contact 2		Phone 1	H/W/C/O
Name (First & Last)	Address	Phone 2	H/W/C/O
4 Additional Information			
Special Conditions/Hazards _____			
5 Alarm System Installation Details			
Date of System Installation, Conversion, or Takeover	Installation Company	Low Voltage License # of Installer	Contact Details of Installer (Name, Address, Phone Number)
6 Alarm Monitoring Company			
Company Name		Phone Number	
By submitting this registration form, I certify the following: All information contained within is complete, true, and accurate, to the best of my ability. I have read the entire ordinance (available at the website above) and understand my responsibilities as an alarm user. I will comply with the ordinance to the best of my ability, doing my part to prevent false alarms. I will ensure that all people having access to my residence or business are trained on how to properly operate the alarm system. I have received written operating instructions/training from my alarm company or will reach out to obtain such, immediately. I understand that a new/updated registration form is required within 30 business days, if any of the registration information changes.			
Printed Name of Applicant (Permit Holder)		Signature (Permit Holder)	Date of Application
<small>PLEASE NOTE: Gwinnett County Government has contracted with CryWolf, from CentralSquare Technologies, to provide administrative services related to security alarm permits, on behalf of the Gwinnett County Police Department. Questions regarding your alarm account should be referred to the contact information above.</small>			