

Alarm User Data Form

Sec. 2-18. - User data form - Upon installing an alarm system, all users shall submit a county data form to the county emergency communications center with the following information: name and location of the alarmed premises; type of alarmed premises (residential or commercial); normal operating hours, if commercial; individuals designated by the user to respond when notified; manufacturer, model and type of alarm system; name, address and telephone number of the service company; zone of alarm, if applicable; and other applicable information. This requirement shall not be applicable to single-unit heat and smoke detectors four or less in number. (12-19-13.)

You may complete this form online here or download and fill out and either email to alarm@iwus.net, or fax to 757-357-0706 or mail to Isle of Wight County ECC, PO Box 80, Isle of Wight, Va. 23397 If you need further assistance, you may contact the ECC Manager at 757-365-6274.

Address of Alarmed Site	
Name of Business or Homeowner/Renter	
If Business, normal hours of operation	
Make and Model of Alarm	Type of Alarm (check all that apply)
	☐ Burglar ☐ Panic/Duress ☐ Fire ☐ Medical
Monitoring Service Company Name (note: this may be self)	Monitoring Service Contact Number
For businesses with hazardous materials storage, list type and where stored within building	
Keyholder name and contact information in order of contact preference. <u>Please complete a new form for any changes.</u>	
First Contact Name and number	Second Contact Name and number
Third Contact Name and number	Fourth Contact Name and number