



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 rbryan@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 with this form you may contact the ECC Manager Ron Bryan 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. Please complete a new form for any changes.

First Contact Name and number

Second Contact Name and number

Third Contact Name and number

Fourth Contact Name and number