

# Alarm Request Form



<b>Unit</b>		<b>Unit Head</b>	
<b>Requestor</b>		<b>Telephone Number</b>	
<b>Building Or Location</b>		<b>Room</b>	
<b>UNC Mailing Address</b>		<b>Request Date</b>	

## Responding Personnel (Required)

<b>Name</b>	<b>Office</b>	<b>Home</b>	<b>Cell</b>
1.			
2.			
3.			
4.			

## Alarm Type (Check all that Apply)

1. Emergency/Panic Alarm	<input type="checkbox"/>
2. Burglary/Intrusion Alarm	<input type="checkbox"/>
3. Video Surveillance/CCTV	<input type="checkbox"/>

1. New Installation	<input type="checkbox"/>
2. Remodel/Relocation	<input type="checkbox"/>
3. Remove/Disconnect	<input type="checkbox"/>

**Signing below acknowledges you have read the UNC Alarm Regulations & agree to comply.**

		<b>Date</b>
<b>Department Head Signature:</b>		
<b>Authorizations:</b>		
UNC Police		
Facilities Management		

**Return Completed form to UNC Police Department, Campus Box 27, Greeley CO 80639**