

<b>1. Nature of Installation (please tick the appropriate box)</b>	
New installation <input type="checkbox"/>	Existing Installation <input type="checkbox"/>

<b>2. Premises at which the alarm is installed</b>			
Address			
		Postcode	
Occupant's name			

<b>3. Person responsible for the alarm (the alarm-holder)</b>			
Name			
Home Address			
		Postcode	
Telephone			
Business Address			
		Postcode	
Telephone			

<b>4a. Nominated key-holder A</b>			
Name			
Home Address			
		Postcode	
Telephone			
Business Address			
		Postcode	
Telephone			

<b>4b. Nominated key-holder B</b>			
Name			
Home Address			
		Postcode	
Telephone			
Business Address			
		Postcode	
Telephone			

- Unless otherwise requested, key-holder A will normally be contacted first
- Details of any additional key-holders should be added at the end of the form

5. Alarm owner (if different from 3 - e.g. a security company)			
Name			
Address			
		Postcode	
Telephone			

6. Alarm maintenance contractor (if different from 5)			
Name			
Address			
		Postcode	
Telephone			

7. Automatic cut-out device			
An automatic cut-out device has been fitted to the system and is timed to stop the ringing of the audible alarm _____ minutes after it has commenced ringing.			

As the person responsible for the audible alarm system installed at the premises indicated at (2) above, I wish to notify you that the names and addresses of my nominated key-holders are those shown at (4) above.			
Signature		Date	

Please send this form to:

Environmental Health Services  
**Epsom & Ewell Borough Council**  
 Town Hall, The Parade, Epsom,  
 Surrey KT18 5BY

**phone** 01372 732000  
**fax** 01372 732452  
**email** [contactus@epsom-ewell.gov.uk](mailto:contactus@epsom-ewell.gov.uk)

This data will be managed securely and in compliance with Data Protection Principles and will only be processed in accordance with the service requirements for which it has been supplied.