

Audible Intruder Alarm; Notification of Key Holder Details

To: Uttlesford District Council
Environmental Health Division
Council Offices
London Road
Saffron Walden
CB11 4ER

Please provide the following information to register your alarm key holders with the Council and return to the above address.

Your Details			
Name			
Address			
Post Code			
Telephone	Home	Work	Mobile

Key Holder 1			
Name			
Address			
Post Code			
Telephone	Home	Work	Mobile
Key Holder 2			
Name			
Address			
Post Code			
Telephone	Home	Work	Mobile

I understand that there is no obligation to register my key holder details with the Council and do so voluntarily.

I am aware that the Council makes no undertaking in relationship to this registration other than to make reasonable efforts to contact the key holders in the event of an alleged noise nuisance due to the sounding of the alarm

I understand and agree that the Council may share this information with the Police in the case of a suspected crime.

Signed

Date