



**BUILDING SERVICES SECTION
UNIFORM NOTICE OF SECURITY ALARM SYSTEM PROJECT**

Uniform Notice of Security Alarm System Project to be submitted within 14 days after completing the project.

OWNER OR CUSTOMER'S NAME: _____
PLEASE PRINT

CUSTOMER'S PHONE NUMBER: _____

CUSTOMER'S E-MAIL ADDRESS: _____

JOB ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTRACTOR'S NAME _____
PLEASE PRINT: Name of Active License Holder

CONTRACTOR'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

CONTRACTOR'S E-MAIL ADDRESS: _____

CONTRACTOR'S LICENSE NUMBER: _____

SCOPE OF WORK: _____

DATE PROJECT COMPLETED: _____

LABEL ID NUMBER: _____

NOTICE is hereby given that a Security Alarm System Project has been completed at the address specified above. I certify that all the foregoing information is true and accurate.

Signature of Owner, Tenant, Contractor, or Authorized Representative **Date Signed**

To be completed by Building Services staff:

NOTICE ENTERED INTO BLDG SERVICES RECORDS

BY: _____

DATE: _____