



Cyngor Bwrdeisdref Sirol

**Blaenau Gwent**

County Borough Council

# AUDIBLE INTRUDER ALARM KEY-HOLDER REGISTRATION

Premises (where alarm is located): .....

.....Postcode: .....

Name (owner/occupier): .....

Address (if different from above): .....

.....Postcode: .....

Tel. No (Home):..... (Work): .....

(Mobile): .....

Alarm Maintenance Contractor: .....

Address: .....

.....Postcode: .....

Tel. No: .....

As the person responsible for the audible alarm system installed at the above mentioned premises, I wish to confirm that I am notifying **Blaenau Gwent County Borough Council** of the names, addresses and telephone numbers of at least two separate nominated key-holders, who will on any occasion make every effort to attend at the premises where the alarm is installed and will take responsibility for silencing the alarm within thirty minutes of being notified that the alarm is sounding should I be unavailable at that time.

Signed: ..... Date: .....

## Please note the following:

1. It is necessary for each key-holder to authorise the Local Authority in order to satisfy the requirements of the Data Protection Act for holding such information on computer. This should be done by completion of the reverse side of this form by each key-holder.
2. The Local Authority undertake that the details will **not** be given to any outside agencies and will only be kept for the use stated.

1.

We welcome correspondence in the medium of Welsh or English. / Croesawn ohebiaith trwy gyfrwng y Gymraeg neu'r Saesneg.

*a better place to live and work*  
*(lle gwell i fyw a gweithio)*



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## NEW OR UPDATED KEYHOLDERS

*[Please enter in order of preferred call out]*

### Key-holder 1

Name: .....

Address: .....

.....Postcode: .....

Tel. No: .....

I give my permission for the above details, which I have checked and found to be correct, to be held on computer. I understand that the Local Authority will use this information in the event of the owner/occupier of the premises named on page 1 of this form being unavailable to attend to silence the audible intruder alarm, and that I will make every effort to attend within 30 minutes to silence said alarm in their absence.

Signed: ..... Date: .....

### Key-holder 2

Name: .....

Address: .....

.....Postcode: .....

Tel. No: .....

I give my permission for the above details, which I have checked and found to be correct, to be held on computer. I understand that the Local Authority will use this information in the event of the owner/occupier of the premises named on page 1 of this form being unavailable to attend to silence the audible intruder alarm, and that I will make every effort to attend within 30 minutes to silence said alarm in their absence.

Signed: ..... Date: .....