



# DEPARTMENT OF SUSTAINABLE DEVELOPMENT – BUILDING DIVISION

## UNIFORM NOTICE OF LOW VOLTAGE ALARM SYSTEM

Rev: 1 | Revision Date: 3/5/2018 | Print Date: 3/5/2018 I.D. Number: UNOLVAS

### UNIFORM NOTICE OF A LOW-VOLTAGE ALARM SYSTEM PROJECT

Alarm Label Record Number:					
Owner's or Customer's Name:					
Owner's or Customer's Address:					
City:		State:		Zip:	
Phone Number:		E-mail Address:			
Contractor's Name:					
Contractor's Address:					
City:		State:		Zip:	
Phone Number:		E-mail Address:			
Contractor's License Number:					
Date Project Completed:					
Scope of Work:					

Notice is hereby given that a low-voltage alarm system project has been completed at the address specified above.

I certify that all of the foregoing information is true and accurate.

\_\_\_\_\_  
Print

Owner  
Tenant  
Contractor  
Authorized Representative

\_\_\_\_\_  
Signature

PLEASE NOTE THAT YOU WILL NEED TO OPEN THIS FORM USING ADOBE READER OR ADOBE ACROBAT TO SIGN AND SUBMIT IT.