

**Control of Noise (Code of Practice on Noise from Audible Intruder Alarms)
Order 1981**

Keyholder Information Form

This information is given voluntarily. It will help in the event of an incident when the alarm rings for long periods of time.

To: Kirklees Council, Pollution and Noise Control, Flint Street, Fartown, Huddersfield, HD1 6LG

Section A: To be completed by the Person Responsible for the Alarm	
Address of premises where the alarm is installed:	
Name of Occupier:	
Telephone Number:	
Name of person responsible for the alarm (if different to above):	
Address (if different to alarm address):	
Telephone Number (if different to above):	
Does the alarm have a maintenance contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:	
I have checked these details and found them correct, and I give my permission for them to be held on file and/or computer.	
Signature:	Date:
Section B: To be completed by the Nominated Keyholders	
Name:	
Address:	
Telephone Number:	
I have checked these details and found them correct, and I give my permission for them to be held on file and/or computer.	
Signature:	Date:
Name:	
Address:	
Telephone Number:	
I have checked these details and found them correct, and I give my permission for them to be held on file and/or computer.	
Signature:	Date: