



BUSINESS OR RESIDENTIAL ALARM PERMIT

COLONIAL HEIGHTS POLICE DEPARTMENT

100 A HIGHLAND AVENUE
COLONIAL HEIGHTS, VA 23834

CHECK ONE **RESIDENTIAL**
 COMMERCIAL
**A SEPARATE PERMIT MUST BE COMPLETED
FOR EACH LOCATION**

PLEASE TYPE OR
PRINT LEGIBLY

BUSINESS OR RESIDENT NAME & LOCATION OF PREMISES (TENANT NAME IF APPLICABLE)

BUSINESS OR RESIDENT NAME (LAST, FIRST, M.I.)	BUSINESS HOURS	WEEKDAYS	SATURDAY	SUNDAY
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HOME ADDRESS (STREET#) (STREET NAME)	BUSINESS ADDRESS (STREET#) (STREET NAME)
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HOME PHONE NUMBER	BUSINESS PHONE NUMBER
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CONTACT PERSONS OTHER THAN TENANT, BY ORDER OF PREFERENCE

LIST AT LEAST TWO PERSONS WHO ARE AUTHORIZED TO SECURE THE PREMISES IN THE EVENT OF AN ALARM ACTIVATION

NAME(LAST)	(FIRST)	(M.I.)	HOME PHONE#	CELL OR PAGER#
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ADDRESS (STREET#) (STREET NAME)	SUITE/APT#	BUSINESS PHONE#
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NAME(LAST)	(FIRST)	(M.I.)	HOME PHONE#	CELL OR PAGER#
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ADDRESS (STREET#) (STREET NAME)	SUITE/APT#	BUSINESS PHONE #
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NAME (LAST)	(FIRST)	(M.I.)	HOME PHONE#	CELL OR PAGER#
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ADDRESS (STREET#) (STREET NAME)	SUITE/APT#	BUSINESS PHONE#
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OWNER(S) OF PREMISES (IF DIFFERENT FROM TENANT)

NAME(LAST)	(FIRST)	(M.I.)	HOME#	BUSINESS#	CELL OR PAGER#
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ADDRESS (STREET#) (STREET NAME)	SUITE/APT#	STATE	ZIP
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MAILING ADDRESS FOR CORRESPONDENCE (IF DIFFERENT FROM LOCATION)

ADDRESS (STREET#) (STREET NAME)	SUITE/APT#	STATE	ZIP
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ACTIVATION TYPE (CHECK ALL THAT APPLY) ALARM SIGNAL

<input type="checkbox"/> SECURITY	<input type="checkbox"/> MOTION	<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> OTHER		
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPRINKLER	<input type="checkbox"/> PULLSTATION	<input type="checkbox"/> DETECTORS	<input type="checkbox"/> AUDIBLE	<input type="checkbox"/> SILENT

IF MONITORED. BY WHAT ALARM COMPANY:

ADDRESS:	BUSINESS PHONE#:
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ALARM SERVICE COMPANY, IF DIFFERENT FROM ABOVE:

ADDRESS:	BUSINESS PHONE#:
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SAFE-INFORMATION IS THERE A SAFE ON THE PREMISES? YES NO IF YES, GIVE EXACT LOCATION IN BUILDING

OTHER PERTINENT INFORMATION ABOUT THE MERCHANT/ALARM SYSTEM:

IF THIS FORM IS BEING USED FOR AN ALARM PERMIT APPLICATION, READ AND SIGN BELOW.

BY SUBMISSION OF THIS APPLICATION ONLINE OR IN PAPER FORMAT, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT; AND THAT I HAVE REVIEWED AND WILL ABIDE BY ALL PROVISIONS OF CITY CODE CHAPTER 91 - ALARM SYSTEMS. <http://ecode360.com/9338821>

APPLICANT SIGNATURE _____ Date _____
(ONLINE APPLICANTS PLEASE TYPE IN NAME.)

WHITE-POLICE RECORDS COPY YELLOW - ALARM COMPANY COPY GOLDENROD- COMMUNICATIONS PINK- PERMIT HOLDER COPY