PERMIT#

## ALARM USER PERMIT FORM

NORFOLK POLICE DEPARTMENT

**PD 892** 

**CHANGES**: Notify the Norfolk Police Department immediately if any changes are made in the information provided on this application form. Changes should be sent to:

Norfolk Police Department - Central Records Division 3661 E. Virginia Beach Blvd. Norfolk VA 23502 Phone: 757-664-7054 Fax: 757-664-7001 Commercial Residential **APPLICATION** for: **NAME** of alarm system user: ADDRESS: City State Zip Telephone **RESPONSE AUTHORIZATION:** List at least two (2) persons authorized to respond to alarm: First Name Last Name Initial Address Telephone 1. 2. 3. **TYPE** of Alarm Systems: Monitored Local New system Existing systems ALARM COMPANY: Alarm company operator selling or leasing system equipment: Company Name Address Phone **ALARM COMPANY INSTRUCTOR / INSTALL:** Alarm company operator who instructed alarm system user in proper use and operation: Signature Full name (print) Date **ALARM COMPANY MONITOR:** Company monitoring system equipment is the: Same \( \subseteq \) or Different \( \subseteq \) (If different, fill out information below) Company Name Address **ALARM SYSTEM USER:** Alarm system user who was instructed by alarm company operator in proper use and operation: Full name (print) Date Signature UPON APPROVAL BY THE SIGNATURE BELOW, ALARM SYSTEM USER PERMIT SHALL BE ISSUED. FOR POLICE DEPARTMENT USE ONLY: . .

APPROVAL: Approved Disapproved	Date:	

SIGNATURE: Commanding Officer or Designee, Central Records Division