| 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: 757-664-7002

**APPLICATION** for: ☐ Commercial ☐ Residential

**NAME** of alarm system user: _____

**ADDRESS**: _____

_____

*City* *State* *Zip* *Telephone*

**RESPONSE AUTHORIZATION:** List at least two (2) persons authorized to respond to alarm:

| | *Last Name* | *First 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:

| Johns Brothers Security | 1384 Ingleside Road, Norfolk 23502 | 757-852-3300 |
|---|---|---|
| *Company Name* | *Address* | *Phone* |

**ALARM COMPANY INSTRUCTOR / INSTALL:**
Alarm company operator who instructed alarm system user in proper use and operation:

*Full name (print)* *Date* *Signature*

**ALARM COMPANY MONITOR:**
Company monitoring system equipment is the: *Same* ■ / or *Different* ☐ *(If different, fill out information below)*

*Company Name* *Address* *Phone*

**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*