PERMIT #	

ALARM USER PERMIT FORM

NORFOLK POLICE DEPARTMENT

PD 892

The City of Norfolk does not charge a fee to register your alarm system.
Please fill out the application and return it in the enclosed envelope.

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

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:

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*