

ALARM USER REGISTRATION FORM

NORFOLK FIRE-RESCUE

PERMIT #

The City of Norfolk does not charge a fee to register your alarm system.

Please fill out the application and return to the address below.

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

Norfolk Fire-Rescue – Fire Marshal’s Office

100 Brooke Avenue, Suite 400

Norfolk VA 23501

Phone: 757-664-6604

Fax: 757-441-2537

Email: Fire-firealarm@norfolk.gov

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:

<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>	<i>Address</i>	<i>Telephone</i>
1.				
2.				
3.				

TYPE of Alarm Systems: Monitored Local New system Existing systems

ALARM COMPANY: Alarm company operator selling or leasing system equipment:

<i>Company Name</i>	<i>Address</i>	<i>Phone</i>

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

<i>Company Name</i>	<i>Address</i>	<i>Phone</i>

ALARM SYSTEM USER: Alarm system user who was instructed by alarm company operator in proper use and operation:

<i>Full name (print)</i>	<i>Date</i>	<i>Signature</i>
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