

ACCOUNT NUMBER

COUNTY OF HENRICO VIRGINIA

DIVISION OF POLICE
COMMUNICATIONS CENTER
P.O. BOX 90775
HENRICO, VA 23273-0775

SECURITY ALARMS USER'S APPLICATION

DATE: _____

OWNER NAME/ADDRESS OF ALARMED PREMISES:

Name: _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City: _____ State: _____ Zip: _____

BILLING ADDRESS (If different from above):

Name: _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City: _____ State: _____ Zip: _____

TYPE OF ALARMED PREMISES:

- RESIDENTIAL
 COMMERCIAL (Note: Attach a copy of written instructions given to employees)

HOURS OF OPERATION: _____ LOCATION OF SAFE: _____

DESIGNATED RESPONDERS:

1. Name: _____ Phone Number: _____
Address: _____
2. Name: _____ Phone Number: _____
Address: _____
3. Name: _____ Phone Number: _____
Address: _____
4. Name: _____ Phone Number: _____
Address: _____

ALARM COMPANY INFORMATION:

Manufacturer: _____
Name of Service Company: _____ Phone Number: _____
Street Address: _____

ALARM ZONES (areas of building alarmed): _____

SUBMITTED BY:

Name: _____ Phone Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Please complete this form and return it in the provided windowed envelope. Fold along the dotted lines.

The alarm ordinance requires the completion of this form. It is intended to provide the Division of Police with pertinent information to allow us, if necessary, to contact you, or someone you designate, should an alarm or other emergency occur at your place of business or residence.
