



BUSINESS OR RESIDENTIAL ALARM PERMIT

CITY OF HOPEWELL FIRE DEPARTMENT

300 N. MAIN STREET

HOPEWELL, VIRGINIA 23860

CHECK ONE RESIDENTIAL
 COMMERCIAL
A SEPARATE PERMIT MUST BE COMPLETED
FOR EACH LOCATION

PLEASE TYPE OR
PRINT LEGIBLY

BUSINESS OR RESIDENT NAME & LOCATION OF PREMISES (TENANT NAME IF APPLICABLE)

BUSINESS OR RESIDENT NAME (LAST, FIRST, M.I.) BUSINESS HOURS WEEKDAYS SATURDAY SUNDAY

HOME ADDRESS (STREET#) (STREET NAME) BUSINESS ADDRESS (STREET#) (STREET NAME)

HOME PHONE NUMBER BUSINESS PHONE NUMBER

CONTACT PERSONS OTHER THAN TENANT, BY ORDER OF PREFERENCE

LIST AT LEAST TWO PERSONS WHO ARE AUTHORIZED TO SECURE THE PREMISES IN THE EVENT OF AN ALARM ACTIVATION

NAME(LAST) (FIRST) (M.I.) HOME PHONE# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# BUSINESS PHONE#

NAME(LAST) (FIRST) (M.I.) HOME PHONE# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# BUSINESS PHONE #

NAME (LAST) (FIRST) (M.I.) HOME PHONE# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# BUSINESS PHONE#

OWNER(S) OF PREMISES (IF DIFFERENT FROM TENANT)

NAME(LAST) (FIRST) (M.I.) HOME# BUSINESS# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# STATE ZIP

MAILING ADDRESS FOR CORRESPONDENCE (IF DIFFERENT FROM LOCATION)

ADDRESS (STREET#) (STREET NAME) SUITE/APT# STATE ZIP

ACTIVATION TYPE (CHECK ALL THAT APPLY) ALARM SIGNAL

SECURITY MOTION HOLD-UP OTHER AUDIBLE SILENT
 FIRE SPRINKLER PULLSTATION DETECTORS

IF MONITORED, BY WHAT ALARM COMPANY:

ADDRESS: BUSINESS PHONE#:

ALARM SERVICE COMPANY, IF DIFFERENT FROM ABOVE:

ADDRESS: BUSINESS PHONE#:

SAFE-INFORMATION IS THERE A SAFE ON THE PREMISES? YES NO IF YES, GIVE EXACT LOCATION IN BUILDING

OTHER PERTINENT INFORMATION ABOUT THE MERCHANT/ALARM SYSTEM:

IF THIS FORM IS BEING USED FOR AN ALARM PERMIT APPLICATION, READ AND SIGN BELOW.

BY SUBMISSION OF THIS APPLICATION ONLINE OR IN PAPER FORMAT, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT; AND THAT I HAVE REVIEWED AND WILL ABIDE BY ALL PROVISIONS OF CITY CODE CHAPTER 15 - ALARM SYSTEMS. Chapter 15 article IV

APPLICANT SIGNATURE _____ Date _____
(ONLINE APPLICANTS PLEASE TYPE IN NAME.)

WHITE-POLICE RECORDS COPY YELLOW - ALARM COMPANY COPY GOLDENROD- COMMUNICATIONS PINK- PERMIT HOLDER COPY