



BUSINESS OR RESIDENTIAL ALARM PERMIT

CITY OF HOPEWELL FIRE DEPARTMENT

200 S. HOPEWELL 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		
<input type="checkbox"/> SECURITY	<input type="checkbox"/> MOTION	<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> OTHER	<input type="checkbox"/> AUDIBLE	<input type="checkbox"/> SILENT
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPRINKLER	<input type="checkbox"/> PULLSTATION	<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 (ONLINE APPLICANTS PLEASE TYPE IN NAME.)			Date		
WHITE-POLICE RECORDS COPY		YELLOW - ALARM COMPANY COPY		GOLDENROD- COMMUNICATIONS PINK- PERMIT HOLDER COPY	