

<b>PERMIT #</b>	
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**ALARM USER PERMIT FORM**  
NORFOLK POLICE DEPARTMENT

**PD 892**

**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

<b>RESPONSE AUTHORIZATION:</b> 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

<b>ALARM COMPANY:</b> Alarm company operator selling or leasing system equipment:		
<i>Company Name</i>	<i>Address</i>	<i>Phone</i>

<b>ALARM COMPANY INSTRUCTOR / INSTALL:</b> Alarm company operator who instructed alarm system user in proper use and operation:		
<i>Full name (print)</i>	<i>Date</i>	<i>Signature</i>

<b>ALARM COMPANY MONITOR:</b> Company monitoring system equipment is the: Same <input type="checkbox"/> / or Different <input type="checkbox"/> (If different, fill out information below)		
<i>Company Name</i>	<i>Address</i>	<i>Phone</i>

<b>ALARM SYSTEM USER:</b> 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>

**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*