



# ALARM PERMIT

## CITY OF MANASSAS

### VIRGINIA

9027 CENTER STREET • MANASSAS, VA 20110 • (703) 257-8000

**For Official Use Only**

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home: ( \_\_\_\_\_ ) - \_\_\_\_\_ Bus: ( \_\_\_\_\_ ) - \_\_\_\_\_

**OWNER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home: ( \_\_\_\_\_ ) - \_\_\_\_\_ Bus: ( \_\_\_\_\_ ) - \_\_\_\_\_

**List two persons to be contacted in event of an alarm.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home: ( \_\_\_\_\_ ) - \_\_\_\_\_ Bus: ( \_\_\_\_\_ ) - \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home: ( \_\_\_\_\_ ) - \_\_\_\_\_ Bus: ( \_\_\_\_\_ ) - \_\_\_\_\_

**PREMISES:** Name and address of business where alarm is located.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home: ( \_\_\_\_\_ ) - \_\_\_\_\_ Bus: ( \_\_\_\_\_ ) - \_\_\_\_\_

**Describe Alarm System.** Include whether it is audible or silent. If monitored, by whom? Give address and phone.

\_\_\_\_\_  
 \_\_\_\_\_

Monitor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: ( \_\_\_\_\_ ) - \_\_\_\_\_  Audible  Silent

DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
Chief of Police / Designee

WHITE - DISPATCH

YELLOW - TREASURER'S OFFICE

PINK - OWNER