

SECURITY AND FIRE ALARM USERS APPLICATION/EMERGENCY INFORMATION FORM

This form is required when any business or residence installs or uses a monitored alarm system. If the business or residence is sold or transferred, a new form must be filled out by the new owners or residents.

Please submit this form BY MAIL/FAX/EMAIL to:

Powhatan County Public Safety Communications
3880 Old Buckingham Rd
Powhatan, VA 23139
Fax: (804) 598-5659
Email: PSC911@powhatanva.gov

ADDRESS: _____ RESIDENCE BUSINESS

IF BUSINESS, BUSINESS NAME: _____

CITY/ZIP CODE _____

OWNER(S) _____

RENTER(S) _____

IF BUSINESS, TYPE OF BUSINESS _____ HOURS: _____

PRIMARY CONTACT EMAIL ADDRESS: _____

PRIMARY CONTACT PHONE NUMBER(S) _____

NEAREST INTERSECTION/LANDMARKS/DIRECTIONS:

MONITORING ALARM COMPANY _____ (Required)

MONITORING ALARM CO PHONE # _____ (Required)

TYPE(S) OF ALARMS: (CHECK WHETHER AUDIBLE/SILENT OR BOTH)

- | | | |
|----------|----------------------------------|---------------------------------|
| BURGLAR: | AUDIBLE <input type="checkbox"/> | SILENT <input type="checkbox"/> |
| FIRE: | AUDIBLE <input type="checkbox"/> | SILENT <input type="checkbox"/> |
| MEDICAL: | AUDIBLE <input type="checkbox"/> | SILENT <input type="checkbox"/> |
| PANIC: | AUDIBLE <input type="checkbox"/> | SILENT <input type="checkbox"/> |

PLEASE LIST OTHER BUILDINGS THAT ARE ALARMED, IF ANY (Garage, barn, shed etc) N/A

NAME, ADDRESS, & PHONE NUMBER(S) OF OWNER/RESIDENT/EMERGENCY/KEYHOLDER CONTACTS IN THE ORDER THEY ARE TO BE CALLED. USE ADDITIONAL SHEET IF REQ'D.

1) _____ PHONE: _____ (H)
ADDRESS: _____ PHONE: _____ (C)
CITY/ST/ZIP _____

EMERGENCY HAS A KEY CAN RESET ALARM

2) _____ PHONE: _____ (H)
ADDRESS: _____ PHONE: _____ (C)
CITY/ST/ZIP _____

EMERGENCY HAS A KEY CAN RESET ALARM

3) _____ PHONE: _____ (H)
ADDRESS: _____ PHONE: _____ (C)
CITY/ST/ZIP _____

EMERGENCY HAS A KEY CAN RESET ALARM

COMMENTS (Business Manager on site in specific auxiliary building, etc)

THE INFORMATION PROVIDED IN THIS FORM IS FOR CONFIDENTIAL USE BY EMERGENCY SERVICES PERSONNEL SO THAT WE MAY BETTER SERVE OUR COMMUNITY.

APPLICANT SIGNATURE (May be typed in)

DATE

For County Use Only:

Application Approved

DATE

PLEASE CALL 804-598-5656 IF YOU HAVE ANY QUESTIONS REGARDING THIS REGISTRATION.

FOR EMERGENCIES – DIAL 911

**To send this form electronically, save and attach to email and send to:
PSC911@powhatanva.gov**