



Prince George County, Virginia Business or Residential Alarm Registration

NOTE: Alarm Registrations must be renewed annually by submitting a new registration form 30 days before expiration.

This information is for Public Safety use only and will remain confidential.

<p>1. Check One: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial</p> <p>(A separate Registration Form must be completed for each alarm location)</p>	
<p>2. Business or Resident Name and Location of Premises (Tenant Name if applicable)</p>	
<p>3. Business or Resident Name (Last, First, M.I.)</p>	<p>4. Business Hours</p> <p>Weekdays: Saturday: Sunday:</p>
<p>5. Home Address (Street #, Street Name)</p>	
<p>6. Business Address (Street #, Street Name)</p>	
<p>7. Home Phone Number:</p>	
<p>8. Business Phone Number:</p>	
<p>9. Email Address:</p>	
<p>10. 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)</p>	
<p>Name:</p>	<p>Home Phone #</p> <p>Cell or Pager #</p>
<p>Address:</p>	<p>Business Phone #:</p>
<p>Name:</p>	<p>Home Phone #</p> <p>Cell or Pager #</p>

Name:	Home Phone #
	Cell or Pager #
Address:	Business Phone #:
11. Owner(s) of Premises (If different from tenant)	
Name:	Home Phone #
	Cell or Pager #
Address:	Business Phone #:

12. Mailing Address for Correspondence (If different from Location)		
Address: (Street # and Street Name)	State:	Zip:

13. Activation Type (Check All That Apply)		Alarm Signal	
Security	<input type="checkbox"/> Motion <input type="checkbox"/> Hold-Up <input type="checkbox"/> Other	<input type="checkbox"/> Audible	<input type="checkbox"/> Silent
Fire	<input type="checkbox"/> Sprinkler <input type="checkbox"/> Pull Station <input type="checkbox"/> Detectors	<input type="checkbox"/> Audible	<input type="checkbox"/> Silent
Medical			

14. If Monitored, By What Alarm Company:	Business Phone#
Address:	

15. Alarm Service Company, if different from above:	Business Phone #
Address:	

16. Dial Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No
(Dial Alarm # Use 733-2770 if using a telephone dialing system to Emergency Communications)

17. Safe Information: Is there a safe on the premises: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give exact location in building:

18. Other Pertinent Information about the Residential/Commercial Alarm System- (Hazardous Material(s), Watch Dog, Special Needs Adult/Child)

Registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all Liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By registering an alarm system the alarm user acknowledges that emergency response may be based on factors such as availability of police units, priority calls, weather conditions, traffic conditions, emergency situations and staffing.

Signature Line _____
Alarm User's Signature

Date Submitted: _____
(This registration will expire one (1) year from the date submitted.)

Return Completed Form To:
Prince George County Police Department
Attention: Kelsey Christopher
6600 Courthouse Road
Prince George, VA 23875

Or by email to:
kchristopher@princegeorgecountyva.gov