



**Prince George County  
Business or Residential Alarm Registration**

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|--|---|
| <b>1. Check One:    Residential    Commercial</b><br><b>(A separate Registration Form must be completed for each alarm location)</b>   |   |
| <b>2. Business or Resident Name and Location of Premises (Tennant Name if applicable)</b>  |   |
| <b>3. Business or Resident Name (Last, First, M.I.)</b>  | <b>4. Business Hours</b><br>Weekdays:                      Saturday:                      Sunday: |
| <b>5. Home Address (Street #, Street Name)</b>   | <b>6. Business Address (Street #, Street Name)</b>  |
| <b>7. Home Phone Number:</b>   | <b>8. Business Phone Number:</b>  |
| <b>9. Email Address:</b>   |   |
| <b>10. Contact Persons other than tenant, by order of preference</b><br><b>(List at least two persons who are authorized to secure the premises in the event of an alarm activation)</b> |   |
| Name:  | Home Phone #  |
|  | Cell or Pager #   |
| Address:   | Business Phone #:   |
| Name:  | Home Phone #  |
|  | Cell or Pager #   |
| Address:   | Business Phone #:   |
| Name:  | Home Phone #  |
|  | Cell or Pager #   |

|  |                   |
|--|-------------------|
| Address:   | Business Phone #: |
| <b>11. Owner(s) of Premises (If different from tenant)</b> |                   |
| Name:  | Home Phone #      |
|  | Cell or Pager #   |
| Address:   | Business Phone #: |

|  |        |      |
|--|--------|------|
| <b>12. Mailing Address for Correspondence (If different from Location)</b> |        |      |
| Address: (Street # and Street Name)  | State: | Zip: |

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

|   |                 |
|---|-----------------|
| <b>14. If Monitored, By What Alarm Company:</b> |                 |
| Address:  | Business Phone# |

|  |                  |
|--|------------------|
| <b>15. Alarm Service Company, if different from above:</b> |                  |
| Address:   | Business Phone # |

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| <b>16. Dial Alarm</b> Yes    No  |
| <b>(Dial Alarm # Use 733-2770 if using a telephone dialing system to Emergency Communications)</b> |

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| <b>17. Safe Information:</b> Is there a safe on the premises:    Yes    No |
| <b>If Yes, give exact location in building:</b>                            |

**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 \_\_\_\_\_ Date \_\_\_\_\_  
Alarm User's Signature

**Return Completed Form To:**  
Prince George County Police Department  
Attention: Tamie Perryman  
6600 Courthouse Road  
Prince George, VA 23875

