FREDERICKSBURG POLICE DEPARTMENT

APPLICATION FOR POLICE BURGLAR ALARM PERMIT

The applicant named below (**22401 zip code only)**, hereby applies for a permit to install or maintain an intrusion or hold-up alarm and thereby, furnishes the following information concerning such alarm:

Name of Applicant or Business: _____

Physical Address of Alarm: _____

Billing Address of Alarm: _____

Type of Alarm: [ ] Audible Intrusion/Hold-Up [ ] Silent Intrusion/Hold-Up

Alarm Monitoring Co Name: _____ Phone Number: _____

Alarm Monitoring Co Address: _____

Please list the names, numbers and email addresses for **three key-holders** who are authorized to deactivate your alarm in the event of an emergency or false alarm. It is the responsibility of the applicant to inform the Police Department of any changes made to key-holder information. Call 540-372-1165 to notify of changes. All listed methods of contact will be used to contact key-holders any time, day or night. Listed key-holders may be required to respond to the alarm location if contacted by the Police Department in the event of an emergency.

Name	Phone Number	Email Address

- Police Alarm Permits are valid for one calendar year, expiring on December 31 of each year.
- Police Alarm Permits carry a $40 annual fee. During the first year of alarm use, the fee is prorated based on the month in which the alarm is installed and activated, as follows:
  - January – March activation, $40.00 fee
  - April – June activation, $30.00 fee
  - July – September activation, $20.00 fee
  - October – December activation, $10.00 fee
- Permit holders will be billed annually for the renewal of the permit unless the permit holder notifies the Police Department in writing that there is no longer an active alarm at the location specified on the permit.

I, the undersigned, certify that I am familiar with the Fredericksburg City Code which pertains to Police Alarms and agree to comply with the provisions of the Police Alarm Ordinance. I understand that failure to comply may result in suspension or revocation or my alarm permit, the assessment of a service fee and/or discontinuation of Police Department response to this location in the event of alarm activation.

Signature of Applicant: _____ Printed Name: _____ Date: _____

The Police Department does not regulate MEDICAL or FIRE alarm systems. If you would like to provide key-holder information for documentation purposes only, please complete and submit this form. There is no fee associated with MEDICAL or FIRE alarm systems.

Return completed application and alarm permit fee payment made payable to "City Treasurer" to: Fredericksburg Police Department, ATTN: Records Division, 2200 Cowan Blvd, Fredericksburg, VA 22401.

DEPARTMENT USE ONLY

Permit No. _____ RMS Entry _____

CAD Entry _____ AS400 Entry _____

Revised Date: 10/21/2014