

**CITY OF RICHMOND
ALARM PERMIT APPLICATION**

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NUMBER: _____

Is Applicant responsible for control of property and responsible for the operation, care, maintenance and use of the alarm system? Yes No

If no, list name, address and telephone number of party who is responsible:

Name: _____

Address: _____

Telephone: _____

Business or Resident's name and street address of property on which the alarm system is to be installed and operated:

Name: _____

Address: _____

Name of person installing the alarm system:

Name: _____

Address: _____

Telephone: _____

Is this the same person who will monitor the alarm system? Yes No

If no, please state who will be monitoring the alarm system:

Name: _____

Address: _____

Telephone: _____

Installation Date of Alarm System: _____

Name and Model of Alarm System used: _____

The following persons or parties are authorized to receive notification regarding the Alarm System, to respond to the alarm site within thirty (30) minutes after request by the Richmond Police Department and are authorized to grant access to the alarm site and to deactivate the Alarm System if necessary:

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Application is \$10.00. License shall be valid for a period of two (2) years and is renewable.

I certify that I have read Chapter 120 of the Richmond Code (copy provided) and understand and agree to be bound by its terms and provisions. I further agree to be bound by any other applicable laws, ordinances, rules and regulations and understand that this permit may be revoked upon the violation of any applicable laws, rules, ordinances and regulations.

Date of Application: _____

Signature of Applicant

Permit Fee Paid: _____

Approved by: _____

Date of Approval

Permit Number: _____

By: _____
Signature of Authorized Official

Permit Expires: _____