

Hanover County Security Alarm Permit Application

Protected Premise Information:

Name of the Business or Protected Premise: _____
Street Address: _____
Mailing Address: _____ City: _____ State ____ Zip _____
Telephone # _____ Fax # _____ Email _____
Days and Hours Business Operated _____

Owner and/Operator of the Security Alarm System:

Owner/Tenant Name: _____ Telephone # _____
Address: _____
Telephone # _____ Fax # _____ Email _____

Person Applying for the Permit:

Name: _____ Title: _____
Title or official position in business _____
Address: _____ City: _____ State ____ Zip _____
Telephone # _____ Fax # _____ Email _____

Applicant's Signature: _____ Date: _____

Security Alarm System Information:

Type of System: _____ Installation Date: _____
Manufacturer: _____ Installed By: _____
Audible _____ Silent _____ Motion _____ Other _____
Is the Alarm System Monitored by an Alarm Company: _____ or Direct Dial: _____

Alarm Monitoring Company Information:

Name of Company: _____ Telephone # _____
Address: _____ City: _____ State ____ Zip _____

Key Holder Contact Information (at least two required):

Name: _____ Home Telephone # _____
Pager #: _____ Mobile # _____

Name: _____ Home Telephone # _____
Pager #: _____ Mobile # _____

Name: _____ Home Telephone # _____
Pager #: _____ Mobile # _____

Hanover County Use Only:

Date Received: _____ Approved By: _____ Permit # _____
Date Approved: _____
Comments: _____
GPIN(S) _____

Signature: _____ Date: _____