ALARM PERMIT
CITY OF MANASSAS
VIRGINIA

9027 CENTER STREET • MANASSAS, VA 20110 • (703) 257-8000

APPLICANT
Name:
Address:
City: State Zip
Telephone: Home: (______) Bus: (______)

OWNER
Name:
Address:
City: State Zip
Telephone: Home: (______) Bus: (______)

List two persons to be contacted in event of an alarm.
Name:
Address:
City: State Zip
Telephone: Home: (______) Bus: (______)
Name:
Address:
City: State Zip
Telephone: Home: (______) Bus: (______)

PREMISES: Name and address of business where alarm is located.
Name:
Address:
City: State Zip
Telephone: Home: (______) Bus: (______)

Describe Alarm System. Include whether it is audible or silent. If monitored, by whom? Give address and phone.

Monitor Name:
Address:
Telephone: (______) □ Audible □ Silent

DATE: APPROVED BY: ________________

Chief of Police / Designee

WHITE - DISPATCH   YELLOW - TREASURER’S OFFICE   PINK - OWNER