



# City of Williamsburg

## 911 CENTER EMERGENCY DATA LISTING RESIDENTIAL ALARM PERMIT APPLICATION

The Williamsburg Police Department shall be notified immediately if any changers are made in the information provided on this application. Changes should be sent to the address below.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

PLEASE LIST PERSONS AUTHORIZED TO RESPOND TO YOUR LOCATION IN CASE OF AN EMERGENCY. (2 MINIMUM.) NOT INCLUDING YOU.

	NAME	HOME PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

**ALARM COMPANY SELLING, INSTALLING OR LEASING SYSTEM (IF APPLICABLE)**

NAME	ADDRESS	PHONE
_____	_____	_____

**ALARM USER WHO HAS BEEN INSTRUCTED BY THE ALARM CO. IN THE PROPER USE AND OPERATION OF THE ALARM SYSTEM.**

NAME	DATE	SIGNATURE
_____	_____	_____

**This information is required by Williamsburg City Code Section 3.1-14**

**False Alarm Fee's: 1<sup>st</sup> & 2<sup>nd</sup> Response Free,  
3<sup>rd</sup> \$25.00, 4<sup>th</sup> and thereafter \$45.00  
6 Months Billing Cycle January / June - July / December**

**POLICE DEPARTMENT USE ONLY**

APPROVED                       DISAPPROVED                      **DATE:** \_\_\_\_\_

**CHIEF OF POLICE:** \_\_\_\_\_

**Officer Dennis L. Baines, Crime Prevention Specialist  
425 Armistead Avenue, Williamsburg, Va. 23185  
(757) 259.7213 / Fax (757) 259.7204  
Email: [dbaines@williamsburgva.gov](mailto:dbaines@williamsburgva.gov)**