



# Department of Emergency Services

Account # AlarmNo

Attn: Amy Lowe  
3621 Candler's Mtn Rd  
Lynchburg, VA 24502

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# Alarm Permit Application

Alarm Type

Police

Fire

Medical



INSTRUCTIONS: Print legibly or type. Review and fill in all missing or incorrect information on this form. If changes are made to this form please return it with your bottom half of the invoice and payment and we will key the changes into our system.

## 1 Alarmed Location

LastName		FirstName	
Occupant Name or Business Name			
Str #	Full Street Address		Suite
Address			Suite/Apt#
City	State	Zip	
City	State	Zip	

## 2 Mailing Address (if different from above)

LastName		FirstName		Phn1	Phone1
Name				Phn2	Phone 2
Str #	Full Street Address		Suite	Phn3	Phone 3
Address			Phn4	Phone4	
City	State	Zip			
City	State	Zip			

## 3 Contact Names

Contact 1		Phn1	Phone1
LastName		FirstName	Phn2
Name			
Contact 2		Phn1	Phone1
LastName		FirstName	Phn2
Name			

## 4 Additional Information

Date Installed/Activated \_\_\_\_\_

Special Conditions/ Hazards \_\_\_\_\_

## 5 Alarm Companies

Not Monitored

Monitored By		Phn1	Phone1
Alarm Co Monitored By Name			
Installed by		Phn1	Phone1
Alarm Co Sold By Name			

I understand that, in accordance with City Code Section 27-106, the alarm user is financially responsible for all charges and penalties specific in this section.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If information provided in application changes, you must notify the Alarm Coordinator within thirty (30) days. 434-455-4290