

**SECURITY AND FIRE ALARM USERS APPLICATION/EMERGENCY INFORMATION FORM**

This form is required when any business or residence installs an alarm system. If a business and/or residence is sold or transferred, new contact information is required.

Please submit this form to:

Powhatan County Public Safety Communications  
3880 Old Buckingham Road  
Powhatan, VA 23139  
Phone: (804)598-5656  
Fax: (804)598-5659  
Email: PSC911@powhatanva.gov

BUSINESS/RESIDENCE NAME: \_\_\_\_\_

BUSINESS/RESIDENCE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUILDING LOCATION (IF DIFFERENT): \_\_\_\_\_

\_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

NEAREST INTERSECTION/LANDMARK/DIRECTIONS: \_\_\_\_\_

\_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_

ALARM COMPANY PHONE NUMBER: \_\_\_\_\_

TYPE OF ALARM (CHECK ALL THAT APPLY):

BURGLAR:    \_\_\_\_\_ Audible       \_\_\_\_\_ Silent

FIRE:        \_\_\_\_\_ Audible       \_\_\_\_\_ Silent

MEDICAL:    \_\_\_\_\_ Audible       \_\_\_\_\_ Silent

PANIC:       \_\_\_\_\_ Audible       \_\_\_\_\_ Silent

PLEASE LIST ARMED AUXILIARY BUILDINGS, IF ANY (Garage, barn, shed, etc.):       \_\_\_\_\_ N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME, ADDRESS, AND PHONE NUMBER OF EMERGENCY CONTACTS (IN THE ORDER TO BE CALLED):

1) \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

3) \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

NAME, ADDRESS, AND PHONE NUMBER OF KEY HOLDER OR SOMEONE WHO CAN RESET THE ALARM:

1) \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

3) \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

COMMENTS (Business Manager on site in specific auxiliary building, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE INFORMATION PROVIDED IN THIS FORM IS FOR CONFIDENTIAL USE BY  
 EMERGENCY SERVICES PERSONNEL  
 SO THAT WE MAY BETTER SERVE OUR COMMUNITY**

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

For County Use Only:	
_____ Application Approved	_____ Date

PLEASE CALL 804-598-5656 IF YOU HAVE ANY QUESTIONS REGARDING THIS REGISTRATION.  
 EMERGENCY, DIAL 911

[To submit this form electronically, save and attach to an email to  
 PSC911@powhatanva.gov](mailto:PSC911@powhatanva.gov)