



CITY OF WAYNESVILLE

Emergency Contact Information

Business/Residential Alarm Information

All businesses must complete this box & return this form with their application or renewal form:

Alarm System: Yes No Video Surveillance System Yes No

If you answered yes to either question above, please complete the fields below.

Date _____

BUSINESS/RESIDENCE NAME _____

PHYSICAL ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

OWNER'S NAME _____ OWNER'S PHONE _____

NORMAL HOURS _____

BELOW, PLEASE CHECK AND ANSWER ALL QUESTIONS THAT APPLY TO YOUR BUSINESS/RESIDENCE:

BUSINESS TYPE OF BUSINESS _____ ALARM CO. PHONE _____

RESIDENCE # OF RESIDENTS _____ ALARM CO. PHONE _____

(ADVISE ALARM COMPANIES TO CALL 573-774-2414 FOR POLICE DURING DAYTIME HOURS)

Video Surveillance System Interior Only Exterior Only Interior & Exterior

BELOW, LIST AT LEAST THREE KEYHOLDERS RESPONSIBLE FOR RESPONDING AFTER BUSINESS/RESIDENCE HOURS:
(Please fill out all fields for contacts)

Name	Address	24-7 Phone	Title

VOLUNTARY CONSENT TO SEARCH PREMISES:

Upon responding to an alarm/call/observance of an open door-window, or other evidence of unauthorized entrance at the above listed business/residence, **I give my consent as owner, operator or agent of said business for the Waynesville Police Department to enter the above business and search for intruders or evident of unlawful entry.** THIS WRITTEN PERMISSION IS BEING GIVEN TO THE WAYNESVILLE POLICE DEPARTMENT KNOWINGLY, VOLUNTARILY AND WITHOUT THREATS OR PROMISES OF ANY KIND AFTER BEING MADE FULLY AWARE OF THE CONSTITUTIONAL RIGHT TO NOT HAVE A SEARCH MADE OF SAID BUSINESS.

I consent to search I do not wish to consent

SIGNATURE _____ TITLE _____ DATE _____