



# 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 \_\_\_\_\_