

# ALARM PERMIT APPLICATION



**FOR OFFICE USE ONLY**

PERMIT #

ISSUANCE DATE

**BUSINESS INFORMATION**

BUSINESS NAME

STREET ADDRESS SUITE #

TELEPHONE NUMBER ( )

BUSINESS MAILING ADDRESS

CITY, STATE, ZIP

OTHER TELEPHONE NUMBER ( )

First: M.I. Last:

NAME OF BUSINESS OWNER, MANAGER OR AGENT

TEXAS DRIVERS LICENSE OR ID #

First: M.I. Last:

NAME OF BUSINESS OWNER, MANAGER OR AGENT

TEXAS DRIVERS LICENSE OR ID #

**RESIDENT INFORMATION**

RESIDENCE ADDRESS APT #

CITY, STATE, ZIP

RESIDENCE PHONE NUMBER ( )

First: M.I. Last:

RESIDENTS NAME

TEXAS DRIVERS LICENSE OR ID #

First: M.I. Last:

RESIDENTS NAME

TEXAS DRIVERS LICENSE OR ID #

**EMERGENCY CONTACTS**

(1) NAME:

PHONE NUMBER ( )

ADDRESS:

CITY, STATE, ZIP

(2) NAME:

PHONE NUMBER ( )

ADDRESS:

CITY, STATE, ZIP

TYPE OF ALARM PERMITTED

TYPE OF SIGNALING

- ( ) BURGLAR ( B )
- ( ) ROBBERY ( R )
- ( ) FIRE ( F )
- ( ) MEDICAL ASSISTANCE ( M )

- ( ) 1. MONITORED BY AN ALARM COMPANY
- ( ) 2. NOT MONITORED BY AN ALARM COMPANY

ALARM MANUFACTURER

ALARM MODEL NUMBER

NAME OF MONITORING COMPANY:

PHONE NUMBER ( )

I/we have carefully read and completed this application and know the same is true and correct. I/we hereby agree that if a permit is issued, all provisions of City Ordinance 88-130, and State laws will be complied with. I/we accept responsibility for payment of all applicable fees and any civil action which may occur as a result of the operation(s) of this alarm system.

APPLICANT'S OR AGENT'S SIGNATURE

DATE: