

Alarm Permit Application

Permit Fee \$5.00



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)	() 1. MONITORED BY AN ALARM COMPANY
() ROBBERY (R)	() 2. NOT MONITORED BY AN ALARM COMPANY
() FIRE (F)	
() MEDICAL ASSISTANCE (M)	

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:
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