

MIDLOTHIAN POLICE DEPARTMENT ALARM PERMIT APPLICATION

PERMIT NUMBER : _____	DATE : _____
OFFICIAL USE ONLY	

Name of Resident/Business :	
Phone Number:	2nd Telephone:
Street Address:	
Mailing Address:	

TYPE OF ALARM SYSTEM

Type of Annunciation:	<input type="checkbox"/> AUDIBLE	<input type="checkbox"/> SILENT		
Purpose of Alarm:	<input type="checkbox"/> BURGLARY <input type="checkbox"/> PANIC	<input type="checkbox"/> FIRE <input type="checkbox"/> MEDICAL EMERGENCY	<input type="checkbox"/> ROBBERY	
Type of Alarm Activation:	<input type="checkbox"/> SMOKE <input type="checkbox"/> WATER FLOW	<input type="checkbox"/> MOTION <input type="checkbox"/> HEAT	<input type="checkbox"/> ULTRA SOUND <input type="checkbox"/> LIGHT BEAM <input type="checkbox"/> OTHER	<input type="checkbox"/> PANIC <input type="checkbox"/> CONTACT POINTS <input type="checkbox"/> PETS INSIDE/OUTSIDE
Comments:				

ALARM COMPANY

Alarm Installed By:
Alarm Monitored By:
Alarm Company Address:
Alarm Company Telephone Number:

CONTACT PERSONS

1.		
2.		
3.		
Name	Address	Telephone Number

I have carefully read the completed application and know the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all the provisions of the City of Midlothian. I understand that I will be responsible for payment of all fees and charges and any civil action which may arise from the operation of this alarm system.

APPLICANT SIGNATURE _____ DATE _____

ISSUE DATE	EXPIRATION DATE	PERMIT STATUS	DATE ENTERED	FEE PAID
RECEIPT NUMBER	SECURITY CODE	DATA ENTRY PERSONNEL	ID NUMBER	
OFFICIAL USE ONLY				

Midlothian Police Department 1150 N. Highway 67, Suite 300, Midlothian, TX 76065 (972) 775-7629

For assistance, contact Police Records Division at PD.Records@midlothian.tx.us