



# APPLICATION FOR ALARM PERMIT

PFLUGERVILLE POLICE DEPARTMENT  
1611 E. PFENNIG LN., P.O. BOX 679  
PFLUGERVILLE, TEXAS 78691-0679



FOR INTERNAL USE ONLY

Date of Application: \_\_\_\_\_

Permit #: \_\_\_\_\_

- The permit holder must notify the Police Department of any changes of information contained herein within 5 days of the change. Notification can be made by email at [alarmpermits@pflugervilletexas.gov](mailto:alarmpermits@pflugervilletexas.gov) or calling (512) 990-6781.
- The permit is not assignable or transferable to another person.
- The permit is valid to December 31<sup>st</sup> of each year.
- Application Fees: \$25 Residential Property / \$35 Commercial Property
- The application may be denied or revoked if there is a false statement on the application or the permit holder has violated any provision of the Alarm Permit Ordinance.
- A permit may be denied for Alarms or Alarm Systems that are not compliance with: Article 5.33A, Section 6(a)(2) of the Texas Insurance Code.
- The Chief may cancel an alarm permit for non-renewal after providing at least 30 days' notice.
- The Pflugerville Police Department may not respond to Alarm Notifications if Permit Holder fails to pay False Alarm Fees or if a Permit is not approved for that Alarm System.
- False Alarm Fees: 1-3 No Charge; 4 & 5 \$50 per Incident; 6 & 7 \$75 per Incident; and 8 and above \$100 per Incident.

## Alarm Information

Location / Alarm Site: \_\_\_\_\_ Type: \_\_\_\_\_  
(Address where alarm is located. If business include business name) (Residential, Commercial, Banking Institute)

Alarm Company: \_\_\_\_\_ Admin Ph#: \_\_\_\_\_ Monitoring Site Ph#: \_\_\_\_\_  
Purpose: Burglary Robbery Audible Knox Box: \_\_\_\_\_  
Fire Medical Silent (See Attached)

## Permittee Information

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
(If business, put business name) (If business, put name of contact representative)

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Home Ph# \_\_\_\_\_ Work Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Information** - List two additional persons authorized by the permittee to receive, and who have agreed to receive, notification that they must come to the Alarm Site within 30 minutes of receiving the notification from responding emergency personnel.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

E-mail: \_\_\_\_\_