



ALARM PERMIT APPLICATION

Please type or print in
BLOCK CAPITAL LETTERS
clearly inside the box.

PLEASE ENTER ALL INFORMATION:

Name of Business/Resident: [Grid]

Alarm Site Address: [Grid]

City: [Grid]

Suite/Room/Apt. [Grid] State: [Grid] Zip: [Grid]

Permit is: New Renewal Change

Alarm Site is: Business Residence

Type of Alarm is: Burglary: Silent Audible Both

Robbery: Silent Audible Both
Hostage: Silent Audible Both
Fire: Silent Audible Both

Alarm Service Company: [Grid]

Permit Holder Information:

Permit Holder Name: [Grid]

Driver's License # [Grid] Business Phone: [Grid]

Residential Phone: [Grid]

Billing Address: [Grid]

Suite/Room/Apt. [Grid] City: [Grid] State: [Grid] Zip: [Grid]

Contact Persons:

Must have access to respond to alarm. Alarm Company may be designated. Applicant must keep list current.

Primary Person: [Grid]

Phone #1 [Grid] Phone #2 [Grid]

Secondary Person: [Grid]

Phone #1 [Grid] Phone #2 [Grid]

Date of Application [Grid] / [Grid] / [Grid]	Amount Enclosed [Grid]	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Money Order <input type="checkbox"/>
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Enroll to Go Paperless: (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)

Email Address: [Grid]

(If enrolled to Go Paperless, valid email address is mandatory.)

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of The City Code and applicable State laws. I accept responsibility of payment of all fees and fines that may result from the operation of the alarm system serving the above premises.

Signature of Applicant/Permit Holder

Annual Permit and Renewal fee is \$25 for Residents and \$50 for Business. If you do not use the on-line option, make checks payable and mail to: City of San Marcos Alarm Program, P. O. Box 140336, Irving, Texas 75014-0336

OFFICE USE ONLY	Date Received	Expiration Date	Received By
	Date Issued	Permit Number	Amount Received