

# 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. The fee for permits is \$5.00.		
APPLICANT'S OR AGENT'S SIGNATURE	DATE:	