

**CITY OF THE COLONY  
ALARM PERMIT APPLICATION**

PLEASE PRINT OR TYPE

**\$20.00 Annual Fee**

Business or Residence Name \_\_\_\_\_ Alarm Site Address \_\_\_\_\_

Resident or Business Manager: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Person responsible for billing: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Alarm: (1) Burglary Alarm (2) Robbery Alarm (3) Fire Alarm  
(circle all that apply) (4) Water Flow Alarm (5) Medical Emergency Alarm

**ALARM COMPANY:**

Alarm Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Installation Date \_\_\_\_\_

**CONTACT PERSONS:**

These people who are to be contacted when the alarm is activated and police respond. List (3) people in priority order who we can contact regarding the alarm.

1.	_____	_____	_____	_____	_____
	Last Name	First Name	Home Number	Business Number	Other Number
2.	_____	_____	_____	_____	_____
	Last Name	First Name	Home Number	Business Number	Other Number
3.	_____	_____	_____	_____	_____
	Last Name	First Name	Home Number	Business Number	Other Number

I hereby certify that I am the owner or designated agent for the owner of the Alarm Site shown above and that the above information is true and correct. I understand that my alarm system is governed by City Ordinance #13-51 through 13-62 and its provisions. Further, it is my responsibility to notify The City of The Colony of any changes.

Application Date \_\_\_\_\_

Signature of Permit Holder \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

This application for an Alarm Permit is hereby

New: \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Renewal: \_\_\_\_\_

Chief of Police \_\_\_\_\_

**\$20.00 Permit Fee Accepted by:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Receipt Number: \_\_\_\_\_