


ALARM PERMIT APPLICATION

		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	
<p>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.</p>			
APPLICANT'S OR AGENT'S SIGNATURE		DATE:	