



1501 N. Dallas Avenue \* Lancaster, TX 75134 \* 972.218.2700 \* 972.218.2790 FAX  
www.lancaster-tx.com

OFFICE USE ONLY

Issue Date: \_\_\_\_\_ 20\_\_\_\_ Permit No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 20\_\_\_\_ Clerk \_\_\_\_\_

Original                      Data Change                      Delete Permit                      Reissue Permit                      Suspension

**ALARM PERMIT APPLICATION**

NAME OF RESIDENT/BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # AT ALARM SITE \_\_\_\_\_ SECONDARY # \_\_\_\_\_

<b>ALARM IS:</b>	RESIDENTIAL	COMMERCIAL	FINANCIAL INSTITUTION	
<b>TYPE OF ALARM:</b>	AUDIBLE	BURGLARY	ROBBERY	PANIC ALARM
	SILENT	BURGLARY	ROBBERY	PANIC ALARM

(NOTE): BUSINESS LIST HOURS IN EFFECT ON ROBBERY ALARM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

**ALARM ACTIVATED BY:**

CONTACT POINTS – PERIMETER    MOTION DETECTOR    LIGHT BEAM    SOUND

MANUALLY ACTIVATED                      OTHER \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

**CONTACT PERSONS MUST HAVE ACCESS TO PREMISES AND ALARM WITH A 30 MINUTE RESPONSE TIME TO ALARM SITE**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

I HAVE READ THE COMPLETED APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I HEREBY AGREE THAT IF A PERMIT IS ISSUED, I WILL COMPLY WITH ALL PROVISIONS OF CITY OF LANCASTER ORDINANCES AND STATE LAW. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ALL FEES AND CHARGES AND ANY CIVIL ACTION, WHICH MAY ARISE FROM THE OPERATION OF THIS ALARM. PLEASE NOTIFY THE POLICE DEPARTMENT FOR CANCELLATION OF ALARM PERMITS AS SOON AS POSSIBLE. CALL 972-218-2700, 8:00 AM TO 5:00 PM MONDAY – FRIDAY.

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_