



TOWN OF LAKESIDE  
 9830 CONFEDERATE PARK ROAD  
 LAKESIDE, TEXAS 76108  
 (817)237-1234

**ALARM PERMIT APPLICATION**

<b>Application Date:</b>		<b>Permit Type:</b>	<input type="checkbox"/> New Alarm Permit \$15.00	<input type="checkbox"/> Renew Permit \$10.00
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**ALARM SITE INFORMATION:**

<b>Business or Occupant Name:</b>				
<b>Physical Address:</b>				
<b>City:</b>	Lakeside	<b>State:</b>	Texas	<b>Zip Code:</b>

**PERMIT HOLDER (Person responsible for the alarm system):**

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Birth Date:</b>		<b>TX D.L.#</b>			
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>	( )	<b>Cell Phone:</b>	( )		
<b>Work Phone:</b>	( )	<b>Other Phone:</b>	( )		

**PRIMARY PERSON TO RESPOND TO ALARM CALLS:**

<b>Name:</b>				
<b>Primary Phone:</b>	( )	<b>Other Phone:</b>	( )	

**SECONDARY PERSON TO RESPOND TO ALARM CALLS:**

<b>Name:</b>				
<b>Primary Phone:</b>	( )	<b>Other Phone:</b>	( )	

**ALARM COMPANY AND SERVICE TYPE:**

<b>Alarm Type:</b>	<input type="checkbox"/> Burglary/Fire	<input type="checkbox"/> Hold-up/Fire	<input type="checkbox"/> Burglary/Hold-up/Fire	<input type="checkbox"/> Motion	<input type="checkbox"/> Glass Breakage
<b>Alarm Co. Name:</b>					
<b>Alarm Co. Phone:</b>	( )	<b>Other Phone:</b>	( )		

**PERMIT HOLDER AGREEMENT:**

I have read and understand the Town Alarm Permit Ordinances and I agree:

- To comply with the Alarm Permit Ordinance and applicable state laws.
- To accept responsibility for payment of all fees and fines that may result in the operation of this Alarm.
- To report changes in my account information or the termination of my alarm service to the Town.
- This permit must be renewed each year.

Permit Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

_____ Application Complete & Payment Received by _____	Date: _____
Permit # Issued: _____	Mailed Out: _____ Initial: _____