



ALARM PERMIT APPLICATION

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

Business or Occupant Name:					
Physical Address:					
City:	Lakeside	State:	Texas	Zip Code:	

PERMIT HOLDER (Person responsible for the alarm system):

Last Name:		First Name:		Middle Initial:	
Birth Date:		TX DL#			
Street Address:					
City:		State:		Zip Code:	
Home Phone:	()	Cell Phone:	()		
Work Phone:	()	Other Phone:	()		

PRIMARY PERSON TO RESPOND TO ALARM CALLS:

Name:				
Primary Phone:	()	Other Phone:	()	

SECONDARY PERSON TO RESPOND TO ALARM CALLS:

Name:				
Primary Phone:	()	Other Phone:	()	

ALARM COMPANY AND SERVICE TYPE:

Alarm Type:	<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			
Alarm Co. Name:				
Alarm Co. Phone:	()	Other Phone:	()	

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: _____

_ Application Complete & Payment Received by _____ Date: _____ Permit # Issued: _____ Mailed Out: _____ Initial: _____	2019 NC
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