



ALARM PERMIT APPLICATION

|                   |  |              |                                      |  |
|-------------------|--|--------------|--------------------------------------|--|
| Application Date: |  | Permit Type: | <input type="checkbox"/> New \$20.00 | <input type="checkbox"/> Renew \$10.00 |
|-------------------|--|--------------|--------------------------------------|--|

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: _____ |