MAIL TO:

ALARM PERMIT APPLICATION FORM
CITY OF TEXAS CITY, TEXAS

(Please Print)

NAME: _____
(Last) (First) (Middle) (Drivers License#)

MAILING ADDRESS: _____
(Street) (City) (Zip)

TELEPHONE NUMBERS:

(Home)_____ **(Work)**_____ **(Cellular)**_____

BUSINESS NAME: _____

ALARM SITE ADDRESS: _____

TELEPHONE NUMBER: _____

ALARM SYSTEM TYPE:
Burglar _____ **Robbery** (Hold up)_____ **Local**_____ **Other** _____

ALARM COMPANY NAME: _____

ADDRESS: _____
(Street) (City, State & Zip)

Consenting Local Emergency Contacts

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

Please note any HAZARDOUS CONDITIONS at this location such as explosives, dangerous chemicals, dogs, etc.

By signing this application, I acknowledge that I have read this application and affirm to the correctness and accuracy of the information on it. I further agree to comply with all requirements set forth by the City of Texas City governing use of alarm systems within Texas City under the Municipal Ordinance of Chapter 79. Additionally, I authorize the release of all information to the Texas City Police Department in accordance with said Municipal Ordinance of the City of Texas City.

Applicant Signature:_____ **Date:**_____

For Office Use Only: _____ **New** **Permit# #:** ___ ___ ___ ___ ___ ___

_____ **Renewal** **Date Paid:**_____ **Expiration Date: 09/30/07**

_____ **Cancellation** **Cash:** ____ **Check #:**_____

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