

CITY OF TEXAS CITY - POLICE DEPARTMENT
 False Alarm Reduction Department
 1004 9th Avenue North Texas City, TX 77590

APPLICATION FOR ALARM PERMIT

Fees: \$5 - Residence, \$15 – Business

****TO ENSURE THAT YOUR APPLICATION IS PROCESSED ACCURATELY – PLEASE PRINT ONLY****

ABOUT ALARM USER:

NAME:	NIGHT TELEPHONE:	DAY TELEPHONE:	CELL PHONE:
MAILING ADDRESS:			UNIT #:
CITY:	STATE:	ZIP:	

ABOUT THE ALARMED PREMISES:

ADDRESS, IF DIFFERENT THAT MAILING ADDRESS: UNIT#	IF NON RESIDENTIAL, BUSINESS OR ENTITY NAME:
CITY, STATE, ZIP:	TELEPHONE NUMBER AT ALARMED LOCATION:
BUSINESS HOURS:	IS THERE A CLEANING CREW AT NIGHT? NO <input type="checkbox"/> YES <input type="checkbox"/>
PLEASE CHECK AND / OR EXPLAIN ANYTHING THAT WOULD PRESENT A HAZARD OR OBSTACLE TO THE RESPONDING OFFICER: <input type="checkbox"/> LOCKED YARD GATE <input type="checkbox"/> FENCED PROPERTY OR COMPOUND <input type="checkbox"/> DEAF, BLIND, OR HANDICAPPED PERSON <input type="checkbox"/> OTHER <input type="checkbox"/> DOG(S) PRESENT <input type="checkbox"/> DANGEROUS ANIMAL <input type="checkbox"/> EXPLOSIVES <input type="checkbox"/> FIREARMS ON PREMISE <input type="checkbox"/> DANGEROUS CHEMICALS <input type="checkbox"/> OTHER (PLEASE ATTACH DESCRIPTION OF HAZARD OR OBSTACLE)	

ABOUT YOUR ALARM SYSTEM AND YOUR MONITORING AND INSTALLATION COMPANIES:

KINDS OF ALARMS AT THE PREMISES (CHECK ALL THAT APPLY) <input type="checkbox"/> BURGLARY <input type="checkbox"/> ROBBERY <input type="checkbox"/> PANIC	IT IS AUDIBLE OUTSIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR ALARM MONITORING COMPANY IS:	YOUR ALARM INSTALLATION / MAINTENANCE COMPANY IS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:

ABOUT YOUR AUTHORIZED KEY HOLDERS:

A KEY HOLDER is someone you trust who, in your absence and within 30 minutes of being notified, will arrive at your premises after an alarm activation in order to secure the property and/or assist the Police Department in determining the cause of the alarm.

FIRST KEYHOLDER NAME	SECOND KEYHOLDER NAME:
DAY TELEPHONE:	DAY TELEPHONE:
NIGHT TELEPHONE:	NIGHT TELEPHONE:
CELL PHONE:	CELL PHONE:

By signing this application, I acknowledge that I have read this application and affirm to the correctness and accuracy of this 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’S SIGNATURE

DATE