City Of Terrell

ALARM PERMIT APPLICATION

$50.00 valid for two years (current price as of 10/04)

DATE OF APPLICATION:_____ ☐ **New Request** ☐ **Renewal**
Permit #_____

☐ **COMMERCIAL ALARM** ☐ **RESIDENTIAL ALARM**
☐ **SILENT** ☐ **AUDIBLE**
☐ **SERVICE PROVIDER** ☐ **OWNER**

1. Business Name: _____ **Name:**_____
(if applicable)

Service Address:_____
Street Address *Apt#* *City* *State* *Zip Code*

Telephone:_____ **Fax:**_____

2. Emergency Contact Information (Alarm):

A) Full Name:_____**Date of Birth**_____

Address:_____

Telephone:_____ **Alt. Telephone:**_____

B) Full Name:_____**Date of Birth**_____

Address:_____

Telephone:_____ **Alt. Telephone:**_____

3. Alarm Type: ☐ **Burglar** ☐ **Fire** ☐**Other** _____

4. Operation of alarm system:

_____

_____

5. In the event of an alarm, how will the police or fire department be notified?

_____

_____

I will accept responsibility for payment and all fees or charges that may result from the operation of this alarm system.

Applicant's Signature X _____**Date:** _____

INSTALLER NAME: _____

ADDRESS: _____

TELEPHONE: _____ **LICENSE NO:**_____

(To be completed by Office Personnel)

Permit Expiration Date: _____ **Permit No:**_____

Issued by:_____ **Date:**_____ **General Receipt No:**_____