

POLICE ALARM PERMIT APPLICATION

\$100.00 Permit Fee – Residential (Every 2 years)

\$200.00 Permit Fee - Business (Every 2 years)

\$85.00 Senior Residential (65 and over; Every 2 years)

OFFICE USE ONLY

1200-141.doc (revised 06/09)

RECEIPT # _____

Appl No. _____

Permit No.	Issue Date	Expiration Date
------------	------------	-----------------

MAIL TO: GARLAND POLICE DEPARTMENT
Attn. Alarm Enforcement Clerk
P.O. Box 469002
GARLAND, TX. 75046-9002
Phone # 972-205-1658
Payable to : City of Garland

- | | |
|---|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> NEW PERMIT |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> Senior Residential | <input type="checkbox"/> TRANSFER(\$5.00) |
| <input type="checkbox"/> Government/ Exempt | <input type="checkbox"/> CHANGES |

PLEASE PRINT

NAME (Business/Resident) _____ SITE PHONE _____

ALARM SITE ADDRESS _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____ CITY _____ STATE _____ ZIP _____

ADDRESS TRANSFERRED FROM (If applicable) _____

ALARM TYPE: Multi-Purpose Burglary Robbery/Panic Emergency Medical Fire

MONITORED BY: _____ PHONE _____

PERMIT HOLDER RESPONSIBLE FOR ALARM: (A business name is NOT acceptable)

Name _____ D.O.B. ____/____/____ DL# _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) (Home) _____ (Cell) _____ (Work) _____

Email Address: _____

CONTACT PERSONS: Minimum 2 persons other than permit holder (Name, Address, Home, Work /Cell Phone Numbers)

1. _____

Phone Number(s) (Home) _____ (Cell) _____ (Work) _____

2. _____

Phone Number(s) (Home) _____ (Cell) _____ (Work) _____

3. _____

Phone Number(s) (Home) _____ (Cell) _____ (Work) _____

I have carefully read the completed application and know the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of the City of Garland Code of Ordinance, Chapter 26 – Alarm Systems Article VII, Section 26.70 and I will notify the Police Department of any changes. I understand that I will be responsible for payment of all fees and charges that may result from the operation of the alarm system(s) for the premises named in this application. THE PERMIT HOLDER IS RESPONSIBLE FOR RENEWAL.

(Permit Holder's Signature)

Date

An Alarm application will not be considered for processing unless the application is signed by the permit holder. The application must be accompanied with the appropriate fee. Permit is Transferrable to another location, Transfer Fee \$5.00