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BAYTOWN	

City of Baytown P.O. Box 142225, Irving, TX 75039, Phone: 1-855-879-6963

Please type or print in
BLOCK CAPITAL LETTERS
clearly inside the box.

BAYTOWN							Α	LAF	KM F	ΈR	MIT	AP	PLI	CAT	ION						(Pl	eas	e pr	int)		
Type of Alarm:		Res	iden	tial		Busi	ness		Go	vt E	ntity										[Burgl	ary		Fire
Name of Registration Holder:																				Γ		Γ	Γ			\square
Business Name:																							Ī			
Name of responsible party:																						Γ	Г	Γ		
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #)																							Ē			\Box
City:																	Sta	ate:			Zip:	L				
Billing Address: (if different)																										
City:																	Sta	ate:			Zip:					
Enroll to Go Paperless: (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)																										
Email Address: (If enrolled to Go Paperless,																										
valid email address is mandatory.) Home Phone:				[Cell	Pho	ne:										
Office Phone:				İΓ	Ť											-										
EMERGENCY CONTACTS																										
Name:																										
Phone #1:					Τ	T								Pho	ne #	2:				Τ	T	Ī				
Name:																										
Phone #1:				[Pho	ne #	2:										
SPECIAL CONDITIONS In order to ensure the safety of our officers, the public and to enable the Baytown Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)																										
Comment:																				Γ		Γ	Τ	Γ	Γ	Γ
Alarm Installation Date:			/			/								Ρ	hone	e #:										
Alarm Installation Company:																										
Address:																										\Box
Monitoring Company: (if different)																							Ĺ			
Address:																										
Phone #:																										
PLEASE READ THE FOLLOWING AND SIGN: This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the																										

event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner)

Renewal Fees:

\$10.00 for Residential

• \$25.00 for Commercial

In accordance with the City of Baytown, TX - Ordinance No. 14,422, if you have an active alarm system in the City of Baytown, Texas, it must be registered with the City of Baytown separately. The fee for an alarm registration/renewal and false alarms is set forth below and shall be paid by the alarm user.

Registration F	ees:	False	Alar
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- rm Fines • \$15.00 for Residential Burglary - Residential and Commercial Registered/Unregistered location Fine Schedule
- \$30.00 for Commercial
 - 1st to 3rd false alarm: \$0.00
 - 4th to 5th false alarm: \$50.00 each
 - 6th to 7th false alarm: \$75.00 each
 - 8th false alarm and above: \$100.00 each

Fire - Residential Registered/ Unregistered location Fine Schedule Unregistered location Fine Schedule

- 1st to 3rd false alarm: \$0.00
- 4th to 5th false alarm: \$50.00 each
- - 6th to 7th false alarm: \$75.00 each
- 8th false alarm and above: \$100.00 each

Fire - Commercial Registered/

- 1st to 3rd false alarm: \$0.00
- 4th to 5th false alarm: \$100.00 each
- 6th to 7th false alarm: \$200.00 each
- 8th false alarm and above: \$250.00 each

Date:

For Customer Service Call: 1-855-879-6963 Mail this form and payment to:

City of Baytown False Alarm Reduction Program P.O. Box 142225, Irving, TX 75039