



TOWN OF LITTLE ELM ALARM PERMIT APPLICATION

Little Elm Alarm Program P. O. Box 140935 Irving, TX 75014-0935 • (877) 305-5196

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

Annual Permit Fee: \$25.00

NAME OF PERMIT HOLDER / RESPONSIBLE PERSON:

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE: DAY

EVENING:

NAME OF BUSINESS/RESIDENT:

ALARM SITE ADDRESS:

ALARM SITE TELEPHONE:

ARE THERE DOGS ON PREMISES? ☐ GUNS? ☐ HANDICAPPED PERSONS? ☐

ALARM OWNER WAS/WAS NOT TRAINED ON THE OPERATION OF THE ALARM AT THE TIME OF INSTALLATION.

(CHECK ONE) INITIAL _____

ALARM IS:

☐

RESIDENTIAL

☐

COMMERCIAL

☐

AUDIBLE

☐

SILENT

OWNERSHIP TYPE (if
Commercial):

☐

FRANCHISE

☐

CORPORATE OWNED

TYPE OF ALARM:

☐

BURGLARY

☐

ROBBERY

☐

FIRE

☐

MEDICAL

☐

PANIC

CHECK ALL THAT APPLY:

☐

GLASS BREAKAGE

☐

MOTION DETECTION

☐

DOOR ACTIVATION

☐

WINDOW ACTIVATION

☐

GARAGE DOOR ACTIVATION

☐

PANIC BUTTON

☐

AUTOMATIC RESET

POLICE NOTIFIED BY:

☐

ALARM CO.

☐

PANEL

☐

OTHER (SPECIFY)

ALARM OR MONITORING COMPANY:

NAME :

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

DATE ALARM INSTALLED:

DATE SERVICES BEGAN:

CONTACT PERSONS:

MUST HAVE ACCESS TO PREMISES AND ALARM 30 MINUTES MAXIMUM RESPONSE TIME. LIST 3 CONTACTS. (PROVIDE NAME, DAYTIME AND EVENING PHONES).

#1 NAME:

PHONE: DAY

EVENING:

#2 NAME:

PHONE: DAY

EVENING:

#3 NAME:

PHONE: DAY

EVENING:

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.)

SIGNATURE OF PERMIT HOLDER: _____

DATE: