



CITY OF NEWARK Alarm Permit Application / Information Update



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

To obtain an alarm permit, please include this alarm application along with the fee of \$50 for residential or commercial alarms to the CITY OF NEWARK, ALARM PROGRAM, P.O. BOX 140787 IRVING, TX 75014-0787
If you move, notify the Newark Alarm Program at (877) 305-5197

PLEASE PRINT OR TYPE APPLICATION

Business Residential

Business: [Grid]

Name: [Grid] LAST FIRST MIDDLE

Address: [Grid] Apt/Ste#: [Grid]

Phone: [Grid] Cell: [Grid]

Email: [Grid]

Emergency Information for contact when alarm is activated (List only local contacts)

Name: [Grid] Keys for entrance? Yes No

Address: [Grid] Phone: [Grid]

Name: [Grid] Keys for entrance? Yes No

Address: [Grid] Phone: [Grid]

COMPLETE FOR BUSINESS ONLY

Principal Officers, Corporation, Partnership or Association

Name: [Grid] Phone: [Grid]

Address: [Grid]

Name: [Grid] Phone: [Grid]

Address: [Grid]

ALARM INSTALLED BY

Name: [Grid]

Address: [Grid] Phone: [Grid]

Alarm Monitored by: [Grid]

Address: [Grid] Phone: [Grid]

Type of alarm: Silent Audible Other [Grid]

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: [Grid]

(If enrolled to Go Paperless, valid email address is mandatory.)

Applicant's Signature _____

Date: [Grid] / [Grid] / [Grid]

Address: [Grid]