



# ROCKWALL POLICE/FIRE DEPARTMENT

## ALARM PERMIT APPLICATION

All information must be completed

Mail to: P.O. Box 140455, Irving Texas 75014-0876 Phone: (866) 952-1821

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

This is a:  New Permit  Renewal

ALARM SITE:  Residential = \$30  Business = \$50 Alarm Type:  FIRE  BURGLAR  BOTH

NAME: [Grid]

ADDRESS: [Grid]

ZIP CODE: [Grid]

MAILING ADDRESS: (IF DIFFERENT) [Grid]

CITY: [Grid] STATE: [Grid]

ZIP CODE: [Grid] PHONE: [Grid]

EMAIL: [Grid]

### PERMIT HOLDER - one name only — Permit holder must reside locally (Metroplex)

NAME: [Grid] TITLE: [Grid]

ADDRESS: [Grid]

CITY: [Grid] ZIP CODE: [Grid]

HOME PHONE: [Grid] WORK PHONE: [Grid]

### ALARM COMPANY INFORMATION

NAME: [Grid]

ADDRESS: [Grid]

CITY: [Grid] STATE: [Grid] ZIP CODE: [Grid]

PHONE: [Grid]

### EMERGENCY CONTACT INFORMATION

List only one name per contact — All information must be completed. For identification purposes, please provide a full name.

List only those individuals who reside in the local area and are able and willing to respond in a timely manner to the alarm site. Businesses must have at least two emergency contact people listed.

#1 NAME: [Grid]

ADDRESS: [Grid]

HOME PHONE: [Grid] WORK PHONE: [Grid]

#2 NAME: [Grid]

ADDRESS: [Grid]

HOME PHONE: [Grid] WORK PHONE: [Grid]

#3 NAME: [Grid]

ADDRESS: [Grid]

HOME PHONE: [Grid] WORK PHONE: [Grid]

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Rockwall City Ordinance and applicable State Laws.

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

Applicant's Signature: \_\_\_\_\_ Date Submitted: [Grid] / [Grid] / [Grid]