ALARM PERMIT APPLICATION

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

PLEASE ENTER ALL INFORMATION:

Name of Business/Resident:

Alarm Site Address:

City:

Suite/Room/Apt.   **State:**   **Zip:**

Permit is: ☐ New   ☐ Renewal   ☐ Change

Alarm Site is: ☐ Business   ☐ Residence

Type of Alarm is:

Burglary: ☐ Silent ☐ Audible ☐ Both   **Robbery:** ☐ Silent ☐ Audible ☐ Both

Hostage: ☐ Silent ☐ Audible ☐ Both   **Fire:** ☐ Silent ☐ Audible ☐ Both

Alarm Service Company:

Permit Holder Information:

Permit Holder Name:

Driver's License #   **Business Phone:**

Residential Phone:

Billing Address:

Suite/Room/Apt.   **City:**   **State:**   **Zip:**

Contact Persons:

Must have access to respond to alarm. Alarm Company may be designated. Applicant must keep list current.

Primary Person:

Phone #1   **Phone #2**

Secondary Person:

Phone #1   **Phone #2**

Date of Application	Amount Enclosed	Cash	Check	Money Order
☐☐ / ☐☐ / ☐☐☐☐		☐	☐	☐

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 The City Code and applicable State laws. I accept responsibility of payment of all fees and fines that may result from the operation of the alarm system serving the above premises.

_____
Signature of Applicant/Permit Holder

Annual Permit and Renewal fee is $25 for Residents and $50 for Business. If you do not use the on-line option, make checks payable and mail to: City of San Marcos Alarm Program, P. O. Box 140336, Irving, Texas 75014-0336

OFFICE USE ONLY	Date Received	Expiration Date	Received By
	Date Issued	Permit Number	Amount Received