

POLICE ALARM PERMIT APPLICATION

\$60.00 Permit Fee – Residential (Every 2 years)

\$70.00 Permit Fee - Business (Every 2 years)

OFFICE USE ONLY

RECEIPT # _____

COG 120-141.doc

Permit No.	Issue Date	Expiration Date
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MAIL TO: GARLAND POLICE DEPARTMENT Phone # 972-205-1658
Attn. Alarm Enforcement Clerk
P.O. Box 469002
GARLAND, TX. 75046-9002

- NEW PERMIT
 RENEWAL
 CHANGES

PLEASE PRINT

NAME (Business/Resident) _____ PHONE _____

ALARM SITE ADDRESS _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____ CITY _____ STATE _____ ZIP _____

ALARM SITE: Residential Commercial SITE PHONE _____

ALARM TYPE: Audible Silent
 Burglary Medical Emergency Fire Robbery Water Flow

ALARM INSTALLED BY: _____ PHONE _____

MONITORED BY: _____ PHONE _____

PERMIT HOLDER RESPONSIBLE FOR ALARM:

Name _____ D.O.B. ___/___/___ DL# _____

Address _____ State _____ Zip _____

Phone Number(s) _____ (Home) _____ (Work) _____

CONTACT PERSONS: (Name, Home and Work Phone Numbers) Minimum: 2 persons

1. _____
2. _____
3. _____

I have carefully read the completed application and know the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of the City of Garland Code of Ordinance, Chapter 26 – Alarm Systems Article VII, Section 26.70 and I will notify the Police Department of any changes. I understand that I will be responsible for payment of all fees and charges that may result from the operation of the alarm system(s) for the premises named in this application. THE PERMIT HOLDER IS RESPONSIBLE FOR RENEWAL.

(Permit Holder's Signature)

Date

An Alarm application will not be considered for processing unless the Alarm User or Alarm Owner sign the application. The application must be accompanied with the appropriate fee.

THIS PERMIT IS NOT TRANSFERABLE.