



CITY OF BRYAN  
The Good Life, Texas Style.

### ALARM PERMIT APPLICATION

\$35 / 3 YEARS

(State/Government Exempt)

Bryan Police Department P. O. Box 1000 Bryan, Texas 77805

(979) 209-5348

MLI # _____
Alarm # _____
<i>Office Use Only</i>

- NEW LICENSE                     
  RENEWAL LICENSE                     
  UPDATE INFORMATION

#### ALARM LOCATION (One alarm permit per location)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### TYPE OF PROPERTY

- Residential  
 Commercial  
 State/Government

#### ALARM DESCRIPTION (Check all that apply)

- Burglary  
 Robbery  
 Panic

#### SELECT ALARM TYPE: (Select ONE only.)

- Direct                       Ringer Audible  
 Silent                       Both: Silent/Ringer & Silent/Audible

#### SPECIFY THE AREA COVERED BY THE ALARM SYSTEM

#### RESIDENTIAL ALARM PERMIT APPLICATION

Permit Holder \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### COMMERCIAL ALARM PERMIT APPLICATION (If Applicable)

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

#### FIRST CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Required) One name per line only.

Name \_\_\_\_\_ ⇒  Alarm Agent     Employee     Manager     Owner

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### SECOND CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Required) One name per line only.

Name \_\_\_\_\_ ⇒  Alarm Agent     Employee     Manager     Owner

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### THIRD CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Optional) One name per line only.

Name \_\_\_\_\_ ⇒  Alarm Agent     Employee     Manager     Owner

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### ALARM COMPANY (Initial here if no one monitors your alarm.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact Name (if known) \_\_\_\_\_

I hereby certify that I am the permit holder of the alarm site shown above and the information contained in this application is true and correct. I understand that I will be liable for all expenses incurred by the city in disabling the alarm if the system emits an audible signal for longer than thirty (30) minutes. I agree to abide by the provisions of Alarm requirements as codified in Section 34:19-28 of the Bryan Code of Ordinance and will notify the Bryan Police Department at (979) 209-5348 of any changes in the information contained in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

#### \*\*\* Office Use Only \*\*\*

Expiration Date \_\_\_\_\_ Receipt Number \_\_\_\_\_ Initials \_\_\_\_\_

Exempt Y/N \_\_\_\_\_ Date Paid \_\_\_\_\_ Approved By \_\_\_\_\_ Disapproved By \_\_\_\_\_