



Alarm Permit #: _____

- Residential New Permit Update
 Business Renewal

Application/Renewal Fee: \$50.00

1. Alarm Location Information:

| | | | | |
|--|--|---|----------|----------|
| Address of Alarm (Where alarm is located): | Suite, Apartment # | City | State | Zip Code |
| Name of resident or Business: | Type: Burglary/Robbery/Emergency/Other | | | Phone # |
| Name of Alarm Company | Phone # | Names of Residents at Alarm Site if Apartment or Residence: | | |
| _____ | _____ | 1. _____ | 2. _____ | |
| | | 3. _____ | 4. _____ | |
| | | 5. _____ | 6. _____ | |

2. Permit Holder Contact Information: Person responsible for notification, responding to alarm site within 1 hour, grant access, maintenance, operation of alarm system and payments.

| | | | | |
|-----------------------|--------------------|------------------------|------------------|---------------|
| Last Name | First Name | Middle Name or Initial | Driver License # | Date of Birth |
| | | | | |
| Street #, Street Name | Suite, Apartment # | City | State | Zip Code |
| | | | | |
| Home Phone # | Business Phone # | | Cell Phone # | |
| | | | | |

3. First Local Emergency Contact: Person to receive notification, respond to alarm site within 1 hour and grant access.

| | | | | |
|-----------------------|--------------------|------------------------|------------------|----------|
| Last Name | First Name | Middle Name or Initial | Driver License # | |
| | | | | |
| Street #, Street Name | Suite, Apartment # | City | State | Zip Code |
| | | | | |
| Home Phone # | Business Phone # | | Cell Phone # | |
| | | | | |

4. Second Local Emergency Contact: Person to receive notification, respond to alarm site within 1 hour and grant access.

| | | | | |
|-----------------------|--------------------|------------------------|------------------|----------|
| Last Name | First Name | Middle Name or Initial | Driver License # | |
| | | | | |
| Street #, Street Name | Suite, Apartment # | City | State | Zip Code |
| | | | | |
| Home Phone # | Business Phone # | | Cell Phone # | |
| | | | | |

I have 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 Deer Park City ordinance 31-41. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Permit holder signature: _____ Print name: _____ Date: _____
 Phone#: _____

Mail Completed Application:
 Deer Park Police Department or
 Attention: Records/Alarms
 P.O. Box 700
 Deer Park Texas 77536

Bring your Completed Application:
 Deer Park Police Department
 2911 Center Street
 Monday - Friday 8:00 A.M. – 5:00 P.M.
 Records Division

Receipt #: _____
 Records: _____