



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 #	Date of Birth
_____	_____	_____	_____	_____
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 #	Date of Birth
_____	_____	_____	_____	_____
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: _____