CITY OF TEXAS CITY POLICE DEPARTMENT
False Alarm Reduction Department
1004 9th Avenue North Texas City, TX 77590

APPLICATION FOR ALARM PERMIT

ABOUT ALARM USER:

NAME:	NIGHT TELEPHONE:	DAY TELEPHONE:	CELL PHONE:
MAILING ADDRESS: UNIT #:	DRIVER'S LICENSE NUMBER:		SPOUSE CELL PHONE:
CITY:	STATE:	ZIP:	

ABOUT THE ALARMED PREMISES:

ADDRESS, IF DIFFERENT THAT MAILING ADDRESS: UNIT#	TELEPHONE NUMBER AT ALARMED LOCATION:
CITY, STATE, ZIP:	IF NON RESIDENTIAL, BUSINESS OR ENTITY NAME:
BUSINESS HOURS:	IS THERE A CLEANING CREW AT NIGHT? NO ☐ YES ☐
PLEASE CHECK AND / OR EXPLAIN ANYTHING THAT WOULD PRESENT A HAZARD OR OBSTACLE TO THE RESPONDING OFFICER: ☐ LOCKED YARD GATE ☐ FENCED PROPERTY OR COMPOUND ☐ DEAF, BLIND, OR HANDICAPPED PERSON ☐ OTHER ☐ DOG(S) PRESENT ☐ DANGEROUS ANIMAL ☐ EXPLOSIVES ☐ FIREARMS ON PREMISE ☐ DANGEROUS CHEMICALS ☐ OTHER **(PLEASE ATTACH DESCRIPTION OF HAZARD OR OBSTACLE)**	

ABOUT YOUR ALARM SYSTEM, AND YOUR MONITORING AND INSTALLATION COMPANIES:

KINDS OF ALARMS AT THE PREMISES (CHECK ALL THAT APPLY) IT IS AUDIBLE OUTSIDE? ☐ YES ☐ NO ☐ BURGLARY ☐ ROBBERY ☐ PANIC **(PLEASE ATTACH ANY DESCRIPTION)**	
YOUR ALARM **MONITORING** COMPANY IS:	YOUR ALARM **INSTALLATION / MAINTENANCE** COMPANY IS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
E-MAIL ADDRESS:	E-MAIL ADDRESS:

ABOUT YOUR AUTHORIZED KEY HOLDERS:

A KEY HOLDER is someone you trust who, in your absence and within 30 minutes of being notified, will arrive at your premises after an alarm activation in order to secure the property and/or assist the Police Department in determining the cause of the alarm.

FIRST KEYHOLDER NAME	SECOND KEYHOLDER NAME:
DAY TELEPHONE:	DAY TELEPHONE:
NIGHT TELEPHONE:	NIGHT TELEPHONE:
CELL PHONE:	CELL PHONE:

By signing this application, I acknowledge that I have read this application and affirm to the correctness and accuracy of this information on it. I further agree to comply with all requirements set forth by the City of Texas City governing use of alarm systems within Texas City under the Municipal Ordinance of Chapter 79. Additionally, I authorize the release of all information to the Texas City Police Department in accordance with said Municipal Ordinance of the City of Texas City.

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APPLICANT'S SIGNATURE **DATE**

Rev: 01/07