



ALARM PERMIT APPLICATION

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

1. Permit holder-We must have the name, driver’s license number, business address and telephone numbers (home & business) of the **person** who will be responsible for the alarm system. **A COMPANY NAME IS NOT ACCEPTABLE.**
2. Signature of **APPLICATION/PERMIT HOLDER** must be the signature of the **person** listed as the **PERMIT HOLDER.**
3. Please list all zip codes and area codes.
4. **Please list up to THREE people with access who can respond to the alarm within 30 minutes of police request.**
5. In the blank labeled “Address of Permit Holder” if the alarm site is a business, list the home address for the permit holder. If this is a residence, list the business address of the permit holder.

Name of Business or Name of Occupant		Date of Application
Address of Alarm Site		Zip Code
		<input type="checkbox"/> Business <input type="checkbox"/> Residential
Permit Holder (Person responsible for the Alarm System)		Title (if any)
Last First M.I.		Driver’s License #
Address of Permit Holder		Home Phone # of Permit Holder
		Business Phone # of Permit Holder
City State Zip Code		Cell Phone # of Permit Holder
Primary Person to Respond to Alarm		Home Phone
Last First M.I.		Business Phone
		Cell Phone
Second Person to Respond to Alarm		Home Phone
Last First M.I.		Business Phone
		Cell Phone
Third Person to Respond to Alarm		Home Phone
Last First M.I.		Business Phone
		Cell Phone
This Application is for : <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal		If new owner date of purchase _____
Type of Alarm (Check all that apply)	<input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Personal Hostage/Robbery	
Name of Alarm Company _____ Phone number: _____		
Has there ever been another permit issued for this alarm site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, list permit # _____		
OFFICE USE ONLY	Date received:	Received By:
	Date Issued:	Permit #:

I have carefully 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 the Euless City Ordinance #1863 and applicable State Laws. I accept responsibility for all fees and fines that may result from the operation of the alarm system serving the above premises. If you qualify for the fee waiver, please submit a copy of your driver’s license or include your date of birth. ____/____/____

Return to: Euless Police Department
 Attn: Pam Trawick
 1102 W. Euless Blvd.
 Euless, Texas 76040



 Signature of Applicant