

**ALARM PERMIT APPLICATION  
COLLIN COUNTY, TEXAS**

**Name of Permit Holder/Responsible Persons:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Business/Resident: \_\_\_\_\_

Alarm site address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Alarm site directions: \_\_\_\_\_

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Are there: Dogs on Premises? \_\_\_\_\_ Guns? \_\_\_\_\_ Handicapped Persons? \_\_\_\_\_

Alarm is: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Audible \_\_\_\_\_ Silent \_\_\_\_\_

**Type of Alarm:** Burglary \_\_\_\_\_ Robbery \_\_\_\_\_ Fire \_\_\_\_\_ Medical \_\_\_\_\_ Panic \_\_\_\_\_

Check all that apply: Glass Breakage \_\_\_ Motion Detection \_\_\_ Door Activation \_\_\_  
Window Activation \_\_\_ Garage Door Activation \_\_\_ Panic Button \_\_\_ Automatic Reset \_\_\_

Notification by: Alarm Company \_\_\_\_\_ Panel \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Alarm Monitoring Company:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date alarm installed: \_\_\_\_\_ Date service began: \_\_\_\_\_

Contact persons: Must have access to premises and alarm with 30 minutes maximum response time.  
List three (3) or more:

Name: \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Permit Holder: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Received: \_\_\_ In Person \_\_\_ By Mail  
Received By: \_\_\_\_\_ Payment Method: \_\_\_ Cash \_\_\_ Check (# \_\_\_\_\_ )

Approved/Denied/Suspended on: \_\_\_\_\_ By: \_\_\_\_\_

Permit No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CAD Entry Date: \_\_\_\_\_ By: \_\_\_\_\_ Verified By: \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_