

# POLICE ALARM PERMIT APPLICATION

\$100.00 Permit Fee – Residential (Every 2 years)

\$200.00 Permit Fee - Business (Every 2 years)

\$85.00 Senior Residential (65 and over; Every 2 years)

OFFICE USE ONLY

1200-141.doc (revised 05/10)

RECEIPT # \_\_\_\_\_

App No. \_\_\_\_\_

Permit No.	Issue Date	Expiration Date
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MAIL TO: GARLAND POLICE DEPARTMENT  
Attn. Alarm Enforcement Clerk  
P.O. Box 469002  
GARLAND, TX. 75046-9002  
Phone # 972-205-1658  
Payable to : City of Garland

NEW PERMIT     RENEWAL  
 TRANSFER(\$5.00)     CHANGES  
  
 Commercial     Residential     Financial  
  
 Government/Exempt     GISD/Exempt  
 Personal Medical Alarm/Exempt

PLEASE PRINT: Alarm site

NAME (Business/Resident) \_\_\_\_\_ SITE PHONE \_\_\_\_\_

ALARM SITE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS TRANSFERRED FROM (If applicable) \_\_\_\_\_

ALARM TYPE:  Multi-Purpose     Burglary     Robbery/Panic     Emergency Medical     Fire  
 Personal Medical Alarm     Commercial Property Fire Alarm

MONITORED BY: \_\_\_\_\_ PHONE \_\_\_\_\_

PERMIT HOLDER RESPONSIBLE FOR ALARM: ( A business name is NOT acceptable)

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL# \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ US Resident: Y N    Garland Resident: Y N

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

CONTACT PERSONS:

1. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

2. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

*I have carefully read the completed application and know the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of the City of Garland Code of Ordinance, Chapter 26 – Alarm Systems Article VII, Section 26.70 and I will notify the Police Department of any changes. I understand that I will be responsible for payment of all fees and charges that may result from the operation of the alarm system(s) for the premises named in this application. THE PERMIT HOLDER IS RESPONSIBLE FOR RENEWAL.*

\_\_\_\_\_  
( Permit Holder's Signature)

\_\_\_\_\_  
Date

An alarm application will not be considered for processing unless the application is signed by the permit holder. The application must be accompanied with the appropriate fee. Permit is transferrable to another location, Transfer Fee \$5.00