POLICE ALARM PERMIT APPLICATION

$85.00 Senior Residential (65 and over; Every 2 years)
$100.00 Permit Fee – Residential (Every 2 years)
$200.00 Permit Fee - Business (Every 2 years)

OFFICE USE ONLY 1200-141.doc (revised 07/10) RECEIPT # _____ App No.

Permit No. **Issue Date** **Expiration Date**

MAIL TO: GARLAND POLICE DEPARTMENT
Attn. Alarm Enforcement Clerk
P.O. Box 469002
GARLAND, TX. 75046-9002
Payable to : City of Garland
Phone # 972-205-1658

❑ **NEW PERMIT** ❑ **RENEWAL**
❑ **TRANSFER($5.00)** ❑ **CHANGES**
❑ **Residential $100** ❑ **Senior Residential 65 and older $85**
❑**Commercial $200** ❑**Financial $200**
❑**Governent $0**
❑**Personal Emergency Response System $0**

Personal Emergeny Response System means an alarm system that is installed in the residence of a person; monitored by an alarm system company; designed only to permit the person to signal the occurrence of a medical or personal emergency on th e part of a person so that the company may dispatch appropriate aide; and not part of a combination of alarm systems that includes a burglar or fire alarm.

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 Emergency Response System** ❑**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**