

# CITY OF COLLEYVILLE RESIDENTIAL ALARM PERMIT APPLICATION

New Permit

Renewal Permit

Permit Changes

Please Check One

## Physical Address of Alarm Site

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

Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## Residential Permit Holder

Last: \_\_\_\_\_

First: \_\_\_\_\_

Last: \_\_\_\_\_

First: \_\_\_\_\_

## Billing Address

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

Suite # \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code \_\_\_\_\_

## Phone Numbers

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Persons to Respond to Alarm

### First Person to Respond to Alarm

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

Key Holder: Yes      No

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Second Person to Respond to Alarm

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

Key Holder: Yes      No

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Third Person to Respond to Alarm

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

Key Holder: Yes      No

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Alarm Company

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

Phone: \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please complete the application, include the **\$25.00** permit fee and mail to the following address:  
**COLLEYVILLE POLICE DEPT: 5201 Riverwalk Dr. Colleyville, TX 76034.**

I have carefully read the complete application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of Ordinance #0-05-1544 and applicable State Laws. I accept responsibility for payment of all fees and fines resulting from the operation of the alarm system serving the above residence.

\_\_\_\_\_  
Signature of Permit Holder

\_\_\_\_\_  
Date of Application