City of Corinth Police Department
Application for Residential Alarm Permit

Residential

Date:	Permit Number:

Alarm Address:	
City/State: **CORINTH, TEXAS**	Zip Code:
Alarm Site Phone:	
Mailing Address (if different from above):	
City/State/Zip Code:	
Phone:	

Applicant Name:	Place of Employment:
Address (if different from above):	Work Address:
City/State/Zip Code:	City/State/Zip Code:
Phone:	Date of Birth:	Work Phone:
Email:	Fax:

PLEASE LIST <u>TWO</u> INDIVIDUALS THAT ARE KNOWLEDGEABLE IN THE BASIC OPERATION OF THE ALARM SYSTEM AND CAN RESPOND WITHIN 30 MINUTES OF NOTIFICATION. THE RESPONDING PERSON MUST BE AUTHORIZED AND ABLE TO GAIN ENTRY AND TAKE CHARGE OF THE PREMISES IF NECESSARY.

Name:	Name:
Phone:	Phone:
Work Phone:	Work Phone:

Alarm/Monitoring Company:	☐ ALARM NOT MONITORED
Address:	
Phone Number:	

ALARM TYPE (check all that apply)

☐ Burglar/Intrusion Alarm   ☐ Panic/Robbery Alarm   ☐ Audible   ☐ Silent   ☐ Combination

Location of Alarm Control Panel:

Note: There shall be no fee for the response to five (5) false alarms at an alarm site within a twelve (12) month period. There shall be a fee for all false alarms in excess of five within a 12-month period as set forth in the City Master Fee Ordinance. The permit holder or the person responsible for operating the alarm without an alarm permit shall have fifteen (15) days to remit payment or appeal the charge to the Chief of Police. After proper notification, failure to pay such fee shall result in revocation of an alarm permit, or filing a complaint in the Municipal Court for violations of the alarm ordinance. False alarms caused by natural catastrophes shall not be considered as false alarms.
This permit is non-transferable and shall expire 12 months from date of application on last day of month.

It is the responsibility of the alarm permit holder to notify the Corinth Police Department of any change in the information in this alarm permit application. The information contained in the alarm permit application is not subject to the Open Records Act.

Applicant's Signature: _____   Date: _____

Chief of Police: _____   Date: _____