

# Haltom City

Permit/Registration No.

## Alarm System Permit/Registration Application

A NON-REFUNDABLE PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT REGISTRATION FORM. MAKE CHECK OR MONEY ORDER PAYABLE TO: Haltom City Police Department

Yearly renewal fees: **Residential \$25.00 Commercial \$50.00**

### A. Residential Alarm User Information: (Residential alarm users, please complete Sections A and C through E)

**Alarm User Name:** \_\_\_\_\_  
First Name Last Name

**Alarm Location:** \_\_\_\_\_  
Address Suite/Apt. No.

\_\_\_\_\_  
City State Zip Code Gate Code

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

**Type of Alarm (check all that apply)**     Burglar     Panic     Medical     Robbery/Holdup

### B. Commercial Alarm User Information: (Commercial alarm users, please complete Sections B through E)

**Business Name:** \_\_\_\_\_  
Name of Corporation, Sole Proprietor or Partners

**Alarm Location:** \_\_\_\_\_  
Address Suite/Apt. No.

\_\_\_\_\_  
City State Zip Code Business Phone Number

**Owner/ Manager :** \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

### C. Contact Information: ( List two people, other than owner/manager, who can respond to an alarm activation)

**1<sup>st</sup> Contact Name:** \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

**2<sup>nd</sup> Contact Name:** \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

### D. Alarm Monitoring Company :

\_\_\_\_\_  
Name of Company Phone

### E. Special Conditions: ( List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

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 the provisions of the City of Haltom City Alarm Ordinance No. 0-2005-013-04 and any amendments or changes to same. I understand that I will be responsible for payment of all yearly renewal fees and charges and any civil action which may arise from the operation of this system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DEPARTMENT USE ONLY

Cash \_\_\_\_\_

Check # \_\_\_\_\_