

# MANSFIELD POLICE DEPARTMENT

1305 E Broad St  
 MANSFIELD, TX 76063  
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## ALARM PERMIT APPLICATION

**PLEASE READ BEFORE FILLING OUT APPLICATION:**

1. **Permit Holder-** We **must** have the **name, business address** and **telephone numbers** (home and business) *of the person who will be responsible for the alarm system.* A company name only is not acceptable.
2. Signature of Applicant/Permit holder must be the signature of the person listed as Permit Holder.
3. Please list **all** zip codes, and all area codes.
4. You must list at least **TWO** people who can respond to the alarm. (Owner and someone other than a household member)

<b>RESIDENTIAL ALARM</b>		Date of Application	
Name of Business or Name of Occupant			
Address of Alarm Site:		Suite/Room/Apt #	Zip Code
Permit Holder: (person responsible for the alarm system) Name:		Address:	
Home Phone:		Business Phone (if applicable):	Cell Phone (if applicable):
Permit Holder Date of Birth		Sex	Permit Holder's Drivers License : Number: State:
Primary Contact: (may be the same as Permit Holder)		Home Phone # /	Business Phone # / Cell Phone #
Secondary Contact:		Home Phone # /	Business Phone # / Cell Phone #
Third Contact:		Home Phone # /	Business Phone # / Cell Phone #
Is this application(circle one): <b>NEW</b> <b>RENEWAL</b> <b>UNKNOWN</b>			
Office Use Only	Date Issued:		Permit #:

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of city Ordinance # 520 and applicable state laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system serving the above premise.

Alarm Company: \_\_\_\_\_

Signature of Applicant/Permit Holder

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

\_\_\_\_\_