## ALARM PERMIT APPLICATION



801-A S. Hwy. 78 #204 WYLIE, TX 75098 972-442-8112 FAX 972-442-8113 Email: Kandi.McCoy@wylietexas.gov

Permit #:	
Today's Date: _	
Renewal Date:	

Check One: ( ) New Permit	( ) Renewal ( ) Update	
E-Mail Address: Mobile:	Work:	Other:
Business/Resident Name #1:		Home #:
Mobile:	Work:	Other:
Billing/Mailing Address:		
	( ) No If yes, indicate location:	
Special Instructions/Medical Aler	ts:	
If Business, list business name he	re and main contacts above:	
Type of Alarm: ( ) Burglary	( ) Robbery ( ) Fire ( ) Medica	al ( ) Panic ( ) Other
Indicate how the police/fire depart	ity of Wylie-Direct Alarm Monitoring	MONTHLY PERMIT FEES  ( ) \$4.16 for Burglary ( ) \$4.16 for Fire/All Others ( ) \$8.33 for Both
Alarm Company: Monitoring Phone:		Monitoring Phone:
Emergency Contact Person(s)/Keg	yholder(s)—please list one contact that do	pes not reside at the monitored address:
Emergency Contact 1: Name:		Cellphone #:
Home #:	Work:	Other:
Emergency Contact 1: Name:		Cellphone #:
Home #:	Work:	Other:
Emergency Contact 1: Name:		Cellphone #:
Home #	Work	Other:

I hereby certify that I am the owner or designated agent for the owner of the alarm site shown above and that the information contained herein is true and correct. I understand that I will be responsible for the payment of all fees or charges levied for this alarm. I understand that I will be liable for all expenses incurred by the City of Wylie in the disabling of this alarm, if the system emits an audible signal for longer than twenty (20) minutes. I also understand that the granting of an alarm permit under the City of Wylie Ordinances, Section 38-32, which pertains to the issuance of alarm permits, shall not be construed as an approval or endorsement of any particular brand or type of alarm system. Granting of a permit is intended only to authorize the installation and operation of the applicable alarm system. Alarm capability should be assessed by an alarm company capable of performing such analysis.

Applicant Signature: \_\_\_\_\_\_ Date:\_\_\_\_\_

All information must be complete—Incomplete applications will not be processed and returned to applicant.