City Of Terrell
ALARM PERMIT APPLICATION

Date of Application:_____ **New Request / Renewal #** _____
(Circle one)

Alarm Type *(Circle one):* Burglar - Fire - Medical -

Alarm Site *(Circle one):* Residential - Commercial -

1. Contact Name: _____ **Business Name:** _____

Service Address:_____Terrell__TX__75160
Street Address *Apt#*

Mailing
Address:_____
Street Address *Apt#* *City* *State* *Zip Code*

Telephone #1:_____ Telephone #2:_____

2. Emergency Contact Information (for identification purposes, please provide a full name and DOB **or** Drivers license number)**.:**

A) Full Name:_____ Date of Birth____/____/____DL#_____

Address:_____

Telephone #1:_____ Telephone #2:_____

B) Full Name:_____ Date of Birth____/____/____DL#_____

Address:_____

Telephone #1:_____ Telephone #2:_____

3. Alarm Company: _____

Address: _____

Telephone:_____ License NO:_____

I accept responsibility for payment and all fees/charges that may result from the operation of alarm system.

Applicant's Signature: _____**Date:** _____

(To be completed by Office Personnel)

Expiration Date: _____ **Permit No:**_____

Issued by:_____ **Date:**_____ **General Receipt No:**_____