



**ALARM PERMIT APPLICATION/PERMIT  
CITY ORDINANCE #88-2737**

**FOR ONE (1) SYSTEM  
PERMIT FEE: \$10 PER SYSTEM**

- 1) **PERMIT HOLDER:** Must furnish the name, business address and telephone numbers (home and business) of the person who will be responsible for the alarm system. **A COMPANY NAME IS NOT ACCEPTABLE.**
- 2) **PERMIT HOLDER:** *Must update representative information* that may have access to residence or business. (Someone that has code to reset in case of false alarms.)
- 3) **SIGNATURE OF APPLICANT PERMIT HOLDER** - must be the signature of the person listed as permit holder.
- 4) **PLEASE** list all zip codes, and all area codes other than 806.
- 5) **APPLICATION** must include check or money order for \$10, made out to the CITY OF PLAINVIEW POLICE DEPT.
- 6) **FAILURE TO SUBMIT FEE WITH APPLICATION CAN RESULT IN CITATION BEING ISSUED FOR VIOLATION OF CITY ORDINANCE #88-2737**

**PERMIT HOLDER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PERMIT#** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_

**CELL:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**▼ LOCATION OF ALARM SITE AND/OR BUSINESS NAME IF DIFFERENT FROM PERMIT HOLDER**



**▼ BILLING ADDRESS FOR SERVICE FEES, IF DIFFERENT FROM PERMIT HOLDER**



**LIST OTHER CONTACT PEOPLE (TWO (2) ARE REQUIRED) MUST BE ABLE TO RESET ALARM IN CASE OF FALSE ALARMS): NAME, ADDRESS, & TELEPHONE NUMBER(S):**

<b>1) NAME:</b> _____	<b>2) NAME:</b> _____
<b>ADDRESS:</b> _____	<b>ADDRESS:</b> _____
<b>HOME PHONE:</b> _____	<b>HOME PHONE:</b> _____
<b>CELL:</b> _____	<b>CELL:</b> _____
<b>WORK :</b> _____	<b>WORK :</b> _____
<b>3) NAME:</b> _____	<b>4) NAME:</b> _____
<b>ADDRESS:</b> _____	<b>ADDRESS :</b> _____
<b>HOME PHONE:</b> _____	<b>HOME PHONE:</b> _____
<b>CELL:</b> _____	<b>CELL:</b> _____
<b>WORK:</b> _____	<b>WORK:</b> _____

**PLEASE COMPLETE BACKSIDE**

TYPE OF ALARM SITE: \_\_\_\_\_ BUSINESS OR \_\_\_\_\_ RESIDENCE

AREA PROTECTED BY THIS SYSTEM: \_\_\_\_\_ BUILDING PERIMETER \_\_\_\_\_ FENCE \_\_\_\_\_ ROBBERY \_\_\_\_\_ SAFE  
\_\_\_\_\_ HOSTAGE \_\_\_\_\_ MEDICAL \_\_\_\_\_ FIRE \_\_\_\_\_ OTHER: \_\_\_\_\_

NAME OF ALARM COMPANY & TELEPHONE NUMBER

**SUBMIT A SEPARATE APPLICATION AND FEE FOR EACH ALARM SITE, PERMIT IS VALID FOR TWO (2) YEARS FROM DATE ISSUED.**

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 #88-2737 and applicable State laws. *I ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL FEES AND FINES THAT MAY RESULT FROM THE OPERATION OF THE ALARM SYSTEM DESCRIBED ABOVE:* Send completed application to the address stated on front of application under number five (5).

X: \_\_\_\_\_  
SIGNATURE OF PERMIT HOLDER/APPLICANT

\_\_\_\_\_  
DATE

◆.....◆  
❖ ANY PETS IN RESIDENCE/BUSINESS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_  
❖ DOGS \_\_\_\_\_ CATS \_\_\_\_\_ OTHER \_\_\_\_\_  
◆.....◆

OFFICE USE ONLY: DATE RECEIVED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CASH: \_\_\_\_\_ CK#: \_\_\_\_\_ MO#: \_\_\_\_\_

KEN COUGHLIN, CHIEF OF POLICE

BY: \_\_\_\_\_