

**CITY OF PORT ARANSAS
Alarm Permit
PERMIT APPLICATION**

For Police Department Use Only
Permit# _____
Date: _____ Dispatcher: _____

Return this form to Port Aransas Police Department 705 W. Avenue A, Port Aransas, Texas 78373.
There is no Alarm Permit Fee at this time. **Attention Alarm Unit.**

COMPLETE ALL INFORMATION

Alarm Permit (check one) Residential ___ Commercial ___ Fire ___ Type (check one) New ___ Renewal ___

Alarm Company _____ Telephone # _____

Monitoring Company: _____ Telephone # _____

Commercial/Resident Name: _____

Address Site of Alarm: _____ Apt/Suite/Space _____

Zip Code: _____ Telephone # _____

Please List the Persons Responsible for the Alarm (REQUIRED FOR ALL PERMITS)

Applicant Full Name: _____

Date of Birth: _____ Driver's License # _____ D.L. State _____

Home Address: _____ Home Telephone# _____

Work Address: _____ Work Telephone# _____

Billing Name and Address (IF DIFFERENT FROM ALARM SITE)

Name: _____

Address: _____

List up to three LOCAL CONTACT PERSONS who Police may contact in case of emergency. Persons must have access to structure and alarm system and be able to make decisions in the event of your absence.

1. Name: _____ Telephone# _____

2. Name: _____ Telephone# _____

3. Name: _____ Telephone# _____

I hereby certify that the information contained in this application is true and correct as of the date of this application and that I will inform the Port Aransas Police Department promptly of any changes. I further agree that I shall comply with all provisions of the City of Port Aransas alarm ordinance.

Applicant's Signature: _____ Date: _____