



ALARM PERMIT APPLICATION

\$75.00/3YEARS

(State/Government Exempt)

City of Bryan Alarm Program P.O. Box 140187 Irving, Texas 75014-0187 (877)220-5899

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

NEW LICENSE RENEWAL LICENSE UPDATE INFORMATION

ALARM LOCATION (One alarm permit per location)

Street Address

City State Zip

Mailing Address (if different)

City State Zip

TYPE OF PROPERTY:

ALARM DISCRPTION (Check all that apply):

- Residential
- Commercial
- State/Government

- Burglary
- Robbery
- Panic

SELECT ALARM TYPE: (SELECT ONE ONLY.)

- Silent
- Ringer Audible
- Both: Silent & Ringer

SPECIFY THE AREA COVERED BY THE ALARM SYSTEM

RESIDENTIAL ALARM PERMIT APPLICATION/COMMERCIAL ALARM PERMIT APPLICATION

Permit Holder/Business Name

Home Phone/Business Phone Work Phone Cell Phone

FIRST CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Required) One name per line only.

Name Owner OR Alarm Agent

Home Phone Work Phone Cell Phone

SECOND CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Required) One name per line only.

Name Owner OR Alarm Agent

Home Phone Work Phone Cell Phone

THIRD CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Required) One name per line only.

Name Owner OR Alarm Agent

Home Phone Work Phone Cell Phone

ALARM COMPANY (Initial here if no one monitors your alarm.)

Name Phone

Street Address

City State Zip

Contact Name (if known)

I hereby certify that I am the permit holder of the alarm site shown above and the information contained in this application is true and correct. I understand that I will be liable for all expenses incurred by the city in disabling the alarm if the system emits an audible signal for longer than thirty (30) minutes. I agree to abide by the provisions of Alarm requirements as codified in Section 34:19-28 of the Bryan Code of Ordinance and will notify the City of Bryan Alarm Program at (877) 220-5899 of any changes in the information contained in this application.

SIGNATURE: _____

DATE: / /

PRINT NAME: