



**CITY OF NACOGDOCHES  
APPLICATION FOR ALARM PERMIT**

**Instructions:**

1. Print or type your responses.
2. Unless otherwise indicated, the applicant must complete all areas of the application. Failure to provide required information might result in denial or postponement of the issuance or renewal of the alarm permits.
3. A separate application must be submitted, and an alarm permit obtained, for each alarm site as defined by City Ordinance.

Permit # _____
Exp. Date _____
<b>OFFICE USE ONLY</b>

**Type of Application:**     New Permit     Permit Renewal     Update of Information

\_\_\_\_\_  
Name of Person/Business (In which Permit will be held)      (    ) \_\_\_\_\_  
Telephone Number at Alarm Site

\_\_\_\_\_  
Street Address (At Alarm Site)      \_\_\_\_\_ / \_\_\_\_\_  
Bldg. #      Apt#

\_\_\_\_\_  
Mailing Address (If different from above)      City      State      Zip Code

\_\_\_\_\_  
E-Mail Address

If Business, briefly describe type of business conducted.

Is this alarm site the **primary residence** of the person listed above?  Yes     No

Is the person listed above 65 years of age or older?  Yes     No    If yes: \_\_\_\_\_  
Driver's License/I.D.    State

<b>Type of System:</b> <i>(check all that apply)</i>	<b>Type of Alarm:</b> <i>(check all that apply)</i>	<b>Premise Type:</b>
<input type="checkbox"/> Burglar	<input type="checkbox"/> Silent	<input type="checkbox"/> Business/ Commercial
<input type="checkbox"/> Robbery	<input type="checkbox"/> Audible (monitored by Alarm Co)	<input type="checkbox"/> Residential <i>(check type below)</i>
<input type="checkbox"/> Duress/Panic/Holdup	<input type="checkbox"/> Audible (not monitored)	<input type="checkbox"/> House
	<input type="checkbox"/> Direct connect to Police Station	<input type="checkbox"/> Apartment/Duplex
		<input type="checkbox"/> Other: _____

\_\_\_\_\_  
List any other devices that would be used for alarm service (i.e. monitors, sensors, etc.)

\_\_\_\_\_  
List any items/pets that might accidentally activate alarms (i.e. pets, shutters, curtains, remodeling, etc.)

\_\_\_\_\_  
List any dangerous/special conditions on premises (i.e. chemicals, dogs, etc.)

**During normal business hours, who is the primary contact person concerning this alarm system.** (i.e. owner, resident, manager, minister, security director, etc)

_____	_____	_____
Name	E-Mail address	Title
_____		
_____	_____	_____
Mailing Address	City	State Zip Code
_____	_____	_____
(_____) _____	(_____) _____	(_____) _____
Daytime Telephone Number	Wireless Number (optional)	Pager Number (optional)

**Servicing Alarm Company:**

_____	_____	
Name of Company	Telephone Number	
_____		
_____	_____	_____
Mailing Address	City	State Zip Code

**Monitoring Alarm Company (if applicable):**

_____	_____	
Name of Company	Telephone Number	
_____		
_____	_____	_____
Mailing Address	City	State Zip Code

Please list at least three (3) persons who can respond **within 30 minutes** to the alarm site in case of an alarm activation or emergency. LIST IN ORDER OF PREFERENCE.

_____	_____	_____
Name	Telephone Number	Alternate Number (optional)
_____	_____	_____
Name	Telephone Number	Alternate Number (optional)
_____	_____	_____
Name	Telephone Number	Alternate Number (optional)

*By my signature below, I acknowledge that I have read the completed application and certify that the information provided is true and correct to the best of my knowledge. I hereby agree that if a permit is issued, I will comply with all provisions of the City of Nacogdoches Alarm Ordinances concerning "Burglary and Robbery Alarms". I accept responsibility for payment of all fees or charges and any criminal or civil action that might result from the operation of this alarm system.*

_____	_____
Signature of Applicant or Authorized Agent	Date
_____	
Printed Name of Applicant or Authorized Agent	

<p><b>Return this application along with the annual permit fee of \$30.00 to:</b></p> <p>Nacogdoches Police Department Attn: Alarm Coordinator P.O. Box 635030 Nacogdoches, TX 75963-5030</p> <p>Make Checks Payable To: City of Nacogdoches</p>
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