

ALARM PERMIT APPLICATION
City of Princeton, Texas

Name of Permit Holder/Responsible Person:

Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: (Day): (____)-____-____ Evening: (____)-____-____

Name of Business/Resident: _____

Alarm Site Address: _____ City: _____ Zip: _____

Alarm Site Directions: _____

Are there? Dog on Premises? Guns? Handicapped Person / Type of Handicapped _____

Alarm is? Residential Commercial Audible Silent

Type of Alarm: Burglary Robbery Fire Medical Panic

Check all that apply: Glass Breakage Motion Detection Door Activation Window Activation
 Garage Door Activation Panic Button Automatic Reset

Notification by: Alarm company Panel Other (please specify) _____

Alarm Monitoring Company:

Name: _____

Address: _____ City: _____ State: _____

Phone: (____) _____ - _____ Date Alarm installed: _____ Date Service began: _____

Contact persons: Must have access to premises and alarm. 30 minutes maximum response time. List 3 or more.

Name: _____ Phone: Day: (____)-____-____ Evening: (____)-____-____ Address: _____

Name: _____ Phone: Day: (____)-____-____ Evening: (____)-____-____ Address: _____

Name: _____ Phone: Day: (____)-____-____ Evening: (____)-____-____ Address: _____

Date: _____ Signature of Permit Holder: _____

Date Application Received: _____ Received: In Person Mail By: _____

Payment Method: Cash Check (# _____)

Approved / Denied / Suspended on: _____ By: _____

Permit No. _____ Issue Date: _____ Expiration Date: _____

CAD Entry Date: _____ By: _____ Verified by: _____

NEW RENEWAL