TOWN OF FAIRVIEW POLICE DEPARTMENT

ALARM PERMIT APPLICATION

RESIDENTIAL

Permit # RAP-04-_____
Issued By: _____

☐ **NEW PERMIT** FEE =**$50** ☐ **ANNUAL RENEWAL** FEE =**$25** ☐ **REINSTATEMENT** FEE **=$50** ☐ **UPDATE**

TYPE OF ALARM: ____Burglar ____Robbery ____Fire ____Medical ____Distress/Panic

CONNECTION: ____Monitoring Co. ____Fairview Police Dispatch ____CC Sheriff's Dispatch ____Not Monitored

RESET: ____Manual ____Automatic **SOUND:** ____Audible ____Silent ____Activates Video Recording

BRAND: _____ DATE INSTALLED: _____ INSTALLED BY: _____

PERMIT HOLDER INFORMATION (Person responsible for responding to alarms, providing access to the alarm site, proper maintenance and operation of the alarm system, and payment of fees.) Permits will not be issued without the required information.

_____
Permit Holder / Resident - Last, First, and Middle Name (as registered with Alarm Monitoring Company)

_____
Permit Holder Driver's License Number and Date of Birth (Provide Texas ID Card # if not a Licensed Driver)

_____/_____/_____/_____
Contact #'s Home Work Cell Pager

_____
Permit Holder's Work Address (In case contact numbers fail to reach Permit Holder in an emergency situation)

_____
Permit Holder's Home and/or Mailing Address, if different from alarm location.

ALARM LOCATION INFORMATION (Correct address including Apartment # of structure where alarm is installed)

_____
Complete **address** of Residence **Gate Access Code**, if applicable

_____
List name and description of any occupant who is **unable** to SEE – SPEEK – HEAR – WALK

_____
List all **PETS** or **EXOTIC ANIMALS**, (include name(s) and description) that will be inside the residence.

_____
List names and ages of all **other occupants** who live or who are authorized to be inside the alarm location.

SECONDARY CONTACT PERSON INFORMATION (Another person(s) who is authorized to respond to alarms to give access to the residence.)

_____
List Name, address, and telephone numbers for **KEY HOLDER** authorized to access the location and reset alarm.

ALARM MONITORING COMPANY

_____
Name of company Address State License # Telephone Calls Owner or Police 1st

I have read the completed application and know the same to be true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Chapter 115 of the Town of Fairview Code of Ordinance regulating Alarms, and all applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premise.

SIGNATURE OF PERMIT HOLDER: _____ DATE: _____ Fee Amount Paid $_____

Deliver completed application and fee to: Town of Fairview, Alarms Unit, 500 S. Hwy 5, Fairview, Texas 75069 - (972) 562-0522