

CITY OF ELGIN

BUSINESS ALARM PERMIT APPLICATION

PERMIT# _____

New Permit Renewal Permit Permit Changes Exempt

Please Check One

Name of Business

Name of Business:

Physical Address of Alarm Site

Address:

Suite:

City:

State:

Zip Code:

Billing Address:

Suite:

City:

State:

Zip Code:

Phone Numbers

Home Phone:

Bus. Phone:

Cell Phone:

Persons to Respond to Alarm

Name:

Key Holder: NO

Key Holder: YES

Home Phone:

Business Phone:

Cell Phone:

Name:

Key Holder: NO

Key Holder: YES

Home Phone:

Business Phone:

Cell Phone:

Alarm Company

Name:

Phone #:

Address:

City:

State:

Zip Code:

Please complete the application, include the \$50.00 permit fee and mail or drop off at the following address:

ELGIN POLICE DEPARTMENT: 202 Depot Ave Elgin, Texas 78621.

(512) 285-5757

(512) 281-3114 -Fax

I have carefully read the complete application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of Ordinance #2010-07-20-11 and applicable State Laws. I accept responsibility for payment of all fees and fines resulting from the operation of the alarm system serving the above business.

Signature of Permit Holder:

Date:

