

CITY OF ELGIN

RESIDENTIAL ALARM PERMIT APPLICATION

PERMIT# _____

New Permit Renewal Permit Permit Changes Exempt

Please Check One

Residential Permit Holder

Last:	First:	DL#:
Last:	First:	DL#:

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:
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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 #:	
City:	State:	ZIP Code:
Name:	Address:	Phone:

Please complete the application, include the \$25.00 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 residence.

Signature of Permit Holder:	Date:
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