



CITY OF PORT ARANSAS
Alarm Permit
Application

For Police Department Use Only

Permit# _____

Date: _____ Dispatcher: _____

Return this form with a \$ 35.00 (Residential) (Business) or (Fire) Permit Fee

Payable to the City of Port Aransas to: Alarm Unit, City of Port Aransas 710 W. Ave. A. Port Aransas, Texas 78373

Please enclose a self-addressed stamped envelope for receipt return. Contact Phone Number 361-749-4111

Renewal fee of \$ 10.00 per calendar year.

COMPLETE ALL INFORMATION

Alarm Permit (check one): Residential Commercial Fire Type (check one): New Renewal

Alarm Company: _____ Telephone #: _____

Monitoring Company: _____ Telephone #: _____

Commercial/Resident Name: _____

Address Site of Alarm: _____ Apt/Suite/Space: _____

Zip Code: _____ Telephone #: _____

Please List the Persons Responsible for the Alarm (REQUIRED FOR ALL PERMITS)

Applicant Full Name: _____

Date of Birth: _____ Driver's License # _____ D.L. State _____

Home Address: _____ Home Telephone#: _____

Work Address: _____ Work Telephone#: _____

Billing Name and Address (IF DIFFERENT FROM ALARM SITE)

Name: _____

Address: _____

List up to three LOCAL CONTACT PERSONS who Police may contact in case of emergency. Persons must have access to structure and alarm system and be able to make decisions in the event of your absence.

1. Name: _____ Telephone #: _____

2. Name: _____ Telephone #: _____

3. Name: _____ Telephone #: _____

I hereby certify that the information contained in this application is true and correct as of the date of this application and that I will inform the Port Aransas Police Department promptly of any changes. I further agree that I shall comply with all provisions of the City Ordinance governing Alarm Systems. I accept responsibility for all fines and fees that may result from the operation of the Alarm System.

Applicant's Signature: _____ Date: _____

