

**WHITESBORO POLICE DEPARTMENT**  
**APPLICATION FOR ISSUANCE OF ALARM PERMIT**

**NAME OF PERSON MAKING APPLICATION:**

First	Middle	Last	Driver's License Number	State	
Date of Birth	Home Address		City	State	Zip Code
Home Phone		Cell Phone	Place of Employment	Title/Position	

**LOCATION WHERE ALARM IS LOCATED OR TO BE INSTALLED:**

Residential ☐

Commercial ☐ Name of Business:

Banking ☐ Name of Bank:

Physical Address - Location, *Do not use P.O. Box Number.*

Mailing address: (location bill should be sent to)

**WAS THE ALARM SYSTEM INSTALLED BY A LICENSED ALARM COMPANY?** ☐ YES ☐ NO

**IF SO, WHAT IS THE NAME OF THE ALARM COMPANY AND PHONE NUMBER?**

**INDICATE THE TYPE OF ALARM BEING INSTALLED:**

- ☐ BURGLARY
- ☐ ROBBERY
- ☐ FIRE
- ☐ EMERGENCY MEDICAL ASSISTANCE
- ☐ OTHER:

**IS THE ALARM SYSTEM AUDIBLE (EQUIPPED WITH SIREN)?** ☐ YES ☐ NO

If your alarm is audible you must always be able to provide a person that can re-set or disconnect the siren within thirty (30) minutes in the event that the system malfunctions to prevent its being a public nuisance.

**IF YOUR ALARM IS SILENT, IS THE ALARM MONITORED?**

☐ By a Licensed Alarm Company      Name of Alarm Company and Phone number:

YOU ARE REQUIRED TO FURNISH THE NAMES AND INFORMATION ON TWO (2) PERSONS WHO ARE AUTHORIZED AND HAVE AGREED TO RECEIVE NOTIFICATION AT ANY TIME FROM RESPONDING POLICE AND FIRE PERSONNEL TO COME TO THE ALARM SITE WITHIN THIRTY (30) MINUTES AFTER RECEIVING SUCH NOTIFICATION. PLEASE LIST THESE PERSONS BELOW IN THE ORDER YOU WISH THEM CONTACTED:

1.	_____			_____	_____
	First	Middle	Last	Driver's License Number	State
	_____			_____	_____
	Date of Birth	Home Address		City	State Zip Code
	_____		_____	_____	_____
	Home Phone	Cell Phone	Place of Employment	Title/Position	

  

2.	_____			_____	_____
	First	Middle	Last	Driver's License Number	State
	_____			_____	_____
	Date of Birth	Home Address		City	State Zip Code
	_____		_____	_____	_____
	Home Phone	Cell Phone	Place of Employment	Title/Position	

1. The Applicant is advised that any false statement of a material nature made by an applicant for the purpose of obtaining a permit shall be grounds for denial of the issuance of the permit, or cancellation of the permit if it has been issued;
2. That more than three (3) false alarm calls within a one year period may result in a billed charge of \$50.00 per response;
3. That the applicant / permit holder is required to notify the Chief of Police of any change in the information contained in the application within five (5) days of such change including the names of persons authorized to respond to alarm sight;
4. That permits are issued for a one year period beginning on January 1 and ending December 31 of each year;
5. That the alarm permit fee is \$25.00 per year;
6. That the below signed applicant has been furnished with a copy of Whitesboro City Ordinance 806 dealing with the requirements for alarm systems within the City Limits.

THE UNDERSIGNED APPLICANT FOR AN ALARM SYSTEM PERMIT AFFIRMS THAT ALL FACTS AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT.

_____	_____
Signature of Applicant	Date Submitted

#### AUTHORIZATION BY CHIEF OF POLICE

I FIND THIS APPLICATION TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF ORDINANCE 806 OF THE CITY OF WHITESBORO AND AUTHORIZE ISSUANCE OF A PERMIT FOR THE FOLLOWING ONE YEAR PERIOD:

JANUARY 1, 20\_\_\_\_ THROUGH DECEMBER 31, 20\_\_\_\_

\_\_\_\_\_  
Chief of Police