



The City of
SACHSE

Residential Alarm Permit

Resident (s) / Primary Contact Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

(Email address will be used for renewal purposes only)

Secondary Contact Information

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Alarm Company Information

Alarm Company: _____

Phone # _____

Alarm Type: ☐ Fire ☐ Medical ☐ Audible Intrusion ☐ Silent/Panic/Hold Up

(check all that apply)

Please mail this form along with your \$10.00 payment
payable to the City of Sachse to the address below.

All information is Confidential and for Sachse Police Department Use Only

SACHSE POLICE DEPARTMENT 3815 D SACHSE RD. SACHSE, TX 75048 972-495-2271